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ABSTRACT

Discussed in the handbook is a noncategorical, interdisciplinary approach to the provision of special education programs and services for handicapped children, 3-to 5-years-old. Among the topics covered are the importance of early intervention; communication and language development; educational intervention (including teaching methods for visually impaired, hearing impaired, and mentally retarded children as well as the therapeutic and instructional functions of play); screening and evaluation (including normal growth patterns in such areas as conceptual, motor, perceptual and social development); and parents' role. Specific information concerning exceptional child services, state legislation, and teaching policies and procedures is provided for Illinois. Also listed are instructional materials sources; periodicals pertaining to special children; early childhood books and pamphlets available from the Instructional Materials Center of the Illinois Department for Exceptional Children; and inservice films, kits, filmstrips, and recordings. (LH)

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early childhood education
for
diversely handicapped children

written and compiled by
Jacqueline Crain

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Action Goals for the Seventies
An Agenda for Illinois Education

Second Edition

"By 1975, develop improved procedures and techniques for the identification, diagnosis, and prescriptive teaching of exceptional prekindergarten children."

"By 1976, train 5000 persons to teach handicapped preschool children, students with learning disabilities, social and/or emotional disorders, and students diagnosed as mentally retarded."

With today's emphasis upon rules and regulations, application forms, RFPs, budgets, accountability, and the like, there is a tendency to lose sight of our purpose in education: to provide our young with as many opportunities for growth, development, and learning as is possible within the constraints of our knowledge, abilities, philosophies, and legal and moral mandates. We would like to offer some suggestions for the teacher, therapist, or aide who will be working directly with the child and his family within those agencies who share our concern and obligation. This handbook is offered as a guidepost, not a hitching post. It is offered as a reference and source book. Hopefully, our sophistication will grow and make it obsolete — to be replaced by something better for our purposes. Meanwhile ....

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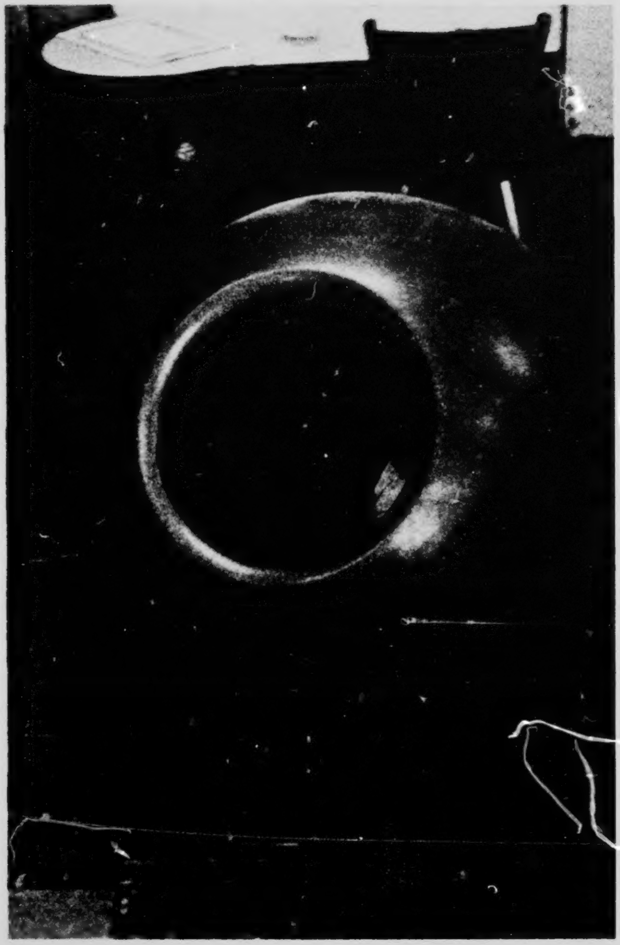
Introduction to Early Childhood Education



Why Early Intervention?

In 1971, The School Code of Illinois was amended by House Bill 323 to include socially maladjusted, emotionally disturbed, educable mentally handicapped, trainable mentally handicapped, and speech defective as eligible for preschool special education services. Schools had been permitted since 1943 to enroll three-year-old physically handicapped (visually and hearing impaired as well as orthopedically and health handicapped) into special education programs and, since 1965, had been required to provide services for physically handicapped children. The intent of House Bill 323 was to provide special education services to an identifiable group of handicapped children between the ages of three and five years who were not being served in public schools. House Bill 322, also passed in 1971, recognized learning disabilities as a separate classification eligible for special services and also stated that children with learning disabilities be accepted into school programs at age three. However, categorical determination of placement is disallowed by the current inability to provide accurate diagnostic instruments for young children.

A cross-categorical or noncategorical approach to eligibility, programming and evaluation appears to be the most feasible at this time.

This calls for multidisciplinary, interagency, cooperative efforts among the present groups now serving these children; this would include private facilities, physicians, psychologists and psychiatrists, public health departments, daycare centers, university training programs.

The low incidence of impairment, in some geographic regions, demands a "special needs" grouping to allow schools to work within the constraints of personnel shortage, transportation costs, space, and equipment, for example.

The children should have commonalities of learning problems and processes to make such groupings workable. There will need to be recognition of unique and specific educational approaches or techniques for certain impairments: the blind child will need orientation and mobility, pre-braille, etc.; the deaf will have needs peculiar to his inability to use hearing as a primary learning avenue. Particular physical disorders demand physical and occupational therapy. Other children will need speech and language therapy. The seriously disturbed will have conduct, medical, or therapeutic problems to be addressed by specialists. So the teacher of these special needs, special problems, or special developmental rooms or programs will have to look to the other disciplines for guidance, support, and occasional specific intervention. The notion of superteacher is unrealistic.

Much retardation is developmental; it does not occur until school age. It is school specific; it includes not just the child, but his interaction with the school environment. The label or disability is not so important in helping the child as the meaning which that disability has or could have for the processes of teaching and learning.

Many of the child's problems will still exist after intervention: mental retardation, blindness, epilepsy continue at adulthood. There is continuity and tenacity of the condition, especially of emotional problems. We can judge ourselves, not by a cure, but by the child's educational growth. The eventual outcome or principal factor in generating special education for these children will be the child's growth educationally, socially, affectively.

What are the Common Problems of the Young Handicapped Children?

Programming for the young child, who has not as yet been exposed to school, presumes that we can *predict* and hopefully *avoid* or *ameliorate* or *compensate*. These young children have been brought to our attention because of visible or obvious impairments: behavior, end-organ dysfunction, lack of or crippled body parts, speech or language problems. They are usually noticeably different from their age-mates. And they have not yet been exposed to much of society's expectations insofar as achievement is concerned.

We really cannot predict the effect of a handicap upon one's learning. Blindness does not necessarily affect the learning process; deafness will inhibit language development and communication, but the total effect upon the child's learning is not always known at the preschool age. Conduct disorders, hyperkinesis and delayed speech are not always related to learning in its totality. Further, we as educators do not treat blindness, deafness, epilepsy, retardation, and so forth. We educate the child who has one or more of these conditions which may or may not interfere with his learning. We need to be ever mindful of the effect of these crippling conditions or impairments upon the child, the total child, who has feelings, self-concepts, perceptions, and family. We deal with this child's reaction to school and the school's reaction to this child. The teacher of the young handicapped child is dealing with more than the education of the child. Each child comes to you with parents, agencies, doctors. There is a multidisciplinary concern, investment, and involvement. And each discipline must be respected for its contributions, attitudes, and demands.

We are not dealing with rehabilitation or retraining with young handicapped child, unless we consider that retraining needed by those working with him. We need to address ourselves to habilitation, training, education . . . the first time around.

The cross-categorical or noncategorical approach to programming for the young child may hit at the inbreeding that has become a hallmark of special education training. But the developmental, generalistic efforts will demand good supervision and consultation for the front-line or direct-care person, be she teacher, aide or technician. The target population will be those children who have physical, sensorial, motor, cognitive limitations. However, human behavior does not lend itself to absolute descriptive labeling. Perhaps no behavior is pathological, only situational. And labeling is relativistic and pragmatic, or should be so considered. We need to ask ourselves what good will these labels do? Are they true? Actually, the labels could become "bridges between needs and services."

Each child will be individual and different. He will bring different perceptions to the same experience; he will have different reactions to experiences It may be that it is not so important to be different or individual in our approaches and methods as in our judgments, evaluations, and expectations. Mother Nature put that brain deep inside the head and placed heavy bone around it; we need to know a lot before we start tinkering with human lives.

How Does the Young Child Learn to Communicate?

This is the age of the individual, who marches to his different drummer. The era of the special child, of self-paced learning, individualized instruction. Of doing one's thing. Being one's self. But individuality is relative; it demands a perspective. If, as educators, it is our goal that each child develop to his fullest potential so that he may take his place in the world, we must include the world in our perspective. We are hard put to juxtapose the two forces now dominating education: individualizing instruction and mainstreaming the handicapped child. Are they really compatible?

We cannot individualize education unless we keep uppermost in our minds the commonalities of the child's development, not just his differences. We say we teach individual children, but we should be teaching them to be part of the group, of their society. If we are to develop the child so that he may communicate with a world that is rapidly shrinking, we need to emphasize our commonalities. For we are more alike than different.

Those who work with the special child, the exceptional or handicapped, need especially to remain ever cognizant of the basic, developmental sequential changes through which *all* children pass — some more slowly than others, some less adequately. But development and growth are inevitable. The maturation might be delayed, physically and/or mentally; the end-organs might be dysfunctioning or not functioning. Some will be unable to process information as well as others; the learning disabled may have intact sensory organs but cannot integrate experiences. The emotionally disturbed will tune out his world although he may see and hear quite well. But the basic sequence of growth is similar, as the self emerges, as the child differentiates himself from the rest of his world, as he develops his unique personality and self-construct. The child will develop *his* perception of *his* world from us, from his experiences, from his society, from our communication with him. For the child must communicate — this is the essential ingredient of learning, becoming, developing, achieving.

Babies and language are the basic ingredients of civilization. Man is a languagized animal and "between the highest animal cry of love or warning and the simplest utterance of the human is a whole day of creation, a whole chapter of evolution." Meaningful speech is unique to humans.

Language development is concurrent with other growth and development and should be considered as just one aspect of the child's emerging self. But we need not lose our perspective by considering that one aspect — language — basic and primary.

There are several terms used in talking about language development. Communication refers to a situation where one evokes a response in another; it is the exchange of ideas and information. It has many forms and can include gestures, art and music, posters, facial expressions, even esp, prayer, silence and poltergeists. Communication can be verbal or nonverbal; verbal communication will include reading and writing as the child grows older and acquires these skills.

Language refers to meaningful use of vocabulary and sentence structure; it can be oral or written.

Speech is the process of producing sounds, using the breath and certain muscles in precise patterns (words); it stresses rhythm and intonation. It is oral; it is language expressed and is unique to humans. Speech is a part of a larger system of meaningful symbols; words are special sounds that are symbols; they stand for ideas and things.

We can have language and communication without speech, but we cannot have speech without language and communication. We can communicate with the people with whom we live through this system called language. The way we say words is speech; the way we *use* words and the *words* we use refer to our language. In addition to languages being specific to various countries or

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peoples, as French, English, etc., we have regional dialects and accents and idioms or colloquialisms. All of this requires an agreement among people that a particular sound will stand for particular things or ideas. Without this agreement, we have a Tower of Babel or today's cultural shock felt by travelers or migrants who cannot communicate because they do not know the language of their hosts.

Speech or oral language is a secondary or overlaid function; it uses structures meant for other things, such as eating and breathing. Speech physically requires air to pass from one's lungs through the throat, causing the vocal cords to vibrate and resound in the mouth and throat and to be altered by the teeth and tongue. We thus have involved respiration (air), phonation (sound or tone), resonance (overtones) and articulation (discrete sounds). The air can be pushed through, stopped and then allowed to continue, as with (t) or it can be constricted and altered to cause a whistle (s) or altered by the position of the mouth, teeth, and tongue, as with vowels. Sounds can be voiced or unvoiced; the young child is often told he has his "motor" on or off to make different sounds: (s-z, t-d, f-v, p-b). By saying in rapid sequence the following words: sought, sot, sat, set, sate, sit, seat, one can *feel* the physical differences in sound production.

Mentally and intellectually speech requires an agreement on meanings of sounds and words; it requires experience and models, reinforcement and feedback. Women are the great arbiters of language and speech is what it is because people are what they are. Language is always changing, with new *in* words and expressions; language is of, by and for people. It is an interpersonal, social act.

Why does the child learn human speech and imitate and recognize humans? Because he is human and social. Speech and language are *species-specific* to humans.

The child enters a world of stimuli which bombard his sense organs with sounds, sights, textures, smells, temperatures, pressures. He needs to receive, sort, code, remember (store and retain), retrieve. The information is catalogued and the child is in effect a data processor. As such, all systems, socially, environmentally, physically, mentally, neurologically, must be GO.

The growing child makes sense out of his sensations, first in terms of his physical needs, his personal pleasures, pains, comfort, discomfort, hunger, fullness. His proprioceptors are foreground; the exteroceptors — vision and hearing — are background. Experiences slowly fall into patterns, cause and effect. His sensations become perceptions or somethings, which become concepts, or sets of somethings which have a common element.

Thus he is aware, then he recognizes, then he begins to classify and group. He matches sight, sound, touch, and smell, and gets a notion of people, things, objects, and eventually of space, time, and position. Slowly foreground switches and distance sense organs are more important for learning, more in focus. And inner feelings slip into the background and the unconscious or "gut level."

Hearing is the first and main connection with the talking world. Through the ear, the child processes sounds and learns to listen. He becomes aware of sound, attaches meaning to different sounds, imitates sounds he hears, and learns that, if he makes sounds resembling those which he hears, other people will understand and respond.

The child learns to communicate. And there are many channels of communication. Some can be missing or closed, as with the blind, deaf, crippled, brain-injured, retarded. And the child must learn to compensate. A small book, written by a mother in conjunction with the language therapist, details the struggles of the family and specialists in working with a child who had *no* forms of communication functioning at birth. *The Birth of Language*, by Barbara Tracy and Shulamith Kastein, is recommended for several reasons: the process of evaluation and programming is nowhere more carefully spelled out and the materials and methods used with the child are commended to all who deal with the handicapped child.

Even the normal child has a predominant channel of learning: visual, auditory, tactual. They must see to understand, have the problem talked through, touch to see if it is really there. This latter — touching — is especially true of the young child; their worlds can often end at their fingertips. Mothers and teachers are ever conscious of the young one's touching everyone and everything.

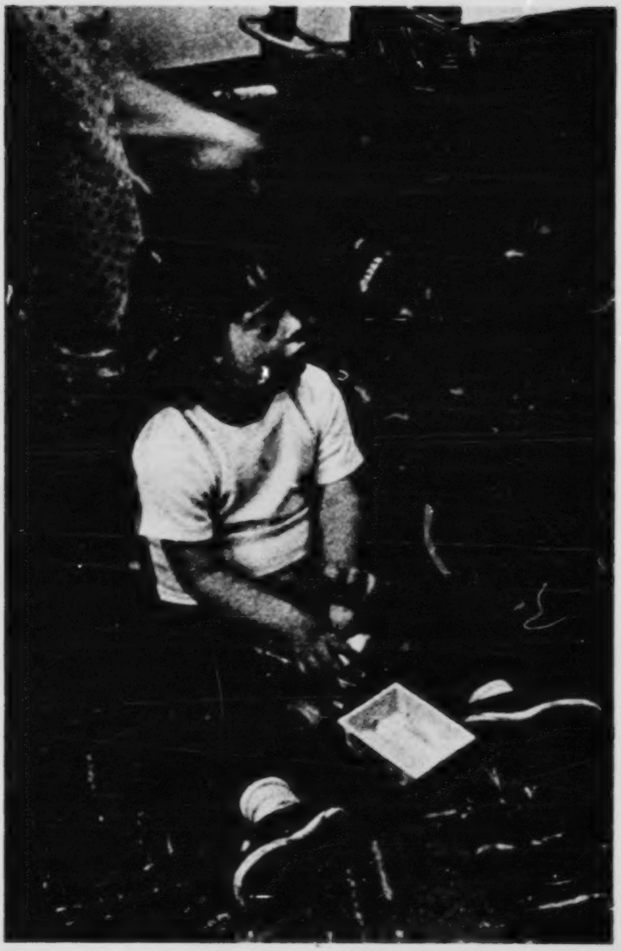
The most important development is the child's emerging sense of self. He has to get a notion of himself as different from others and things, as a part of and yet apart from the world. The NO stage of the young child is actually a part of his efforts at differentiation. A child will say "no" to that which he wants — candy, a trip, a toy — to establish his selfness, his right to be different. If reinforced improperly, the stage can produce a negative, recalcitrant, unmanageable child. It begins, however, as a normal part of growing up.

Language or communication is between people. It requires a speaker with a message, a listener with ability to discriminate and understand, feedback, messages being altered, etc. It can be vocal or gestural. With television — the great babysitter — there is no feedback, no monitoring of speech. Watching TV will build concepts and provide experiences children might not have otherwise. But there has been no corrective measure for speech and thought. It was thought that, when TV became common to the household, we would create a generation of articulate, well-spoken children. Possibly even the reverse has happened: children speak even less and their speech is poorer, more difficult to understand, because TV is not an interpersonal act. There is no interaction or true communication.

Language develops as a social sequence of growth. The first three years show such phenomenal growth that only a computer could keep up. The word infant is derived from IN FARI meaning without speech; the rapid social change and growth of language and speech makes infancy an often-too-brief bit of the child's life. Response to language or speech is even more rapid. Within the first two weeks of life the baby is responding to loud noises by crying or by the startle reflex. By two weeks he listens to the sound of a human voice. By four weeks the child is quieted by sounds; he reduces his activity with approaching sound. The child at eight weeks is no longer violently disturbed by loud noises; they are part of the environment. He attends to the human voice and will react or change his activity. By four months he will blink, smile and react to bells or turn to the sound of the voice. It is at this age that localization of sound begins. The five- or six-month child reacts differentially to sounds around him and distinguishes friendly from angry talk. And by eight months he recognizes the words no-no, his name, and does some imitating of sounds and shows some intonation. He recognizes sounds. Thus, the sequence in language and speech is social: eye contact, smiling, babbling, attachment and language. The child is *stimulated*; within three weeks he responds to humans. His babbling is a form of social *attachment*; only humans babble. The child recognizes voices and by six months prefers his mother and indicates a fear of strangers. He matches his sounds with those he hears and with those whom he associates with pleasure. He drops those sounds he does not hear. The deaf child stops at this stage. The third stage is one of social *exploration*. The child's speech is often echoic. He plays with sounds and jargon and may have private speech. And, fourthly, there is social *experience* and language acquisition; the child develops syntax and referential language. He generates grammar and uses one-word sentences. His sentences may be pivotal. He will use one verb and many nouns (Bobby run, Mommy run, doggie run, e.g.) or one noun with many verbs (Bobby run, Bobby go, Bobby eat, e.g.). Word-endings are logical and not imitative: goed, foots, gooder. Negative sentences will be *no* or *not* added to his sentences (No Bobby eat).

Language development is receptive *and* expressive. A child might be delayed in expression because of receptive abilities not developing adequately. Receptive understanding must precede expression of language. And the child will understand more than he says. Some children, in fact, just will not talk until they can say things well. Grammar is basically unconscious; it evolves or generates. Sentences become more complex and the child adds adjectives, pronouns, connectives, and prepositions.

Learning Problems of Young Children



What Can Go Wrong?

Where can the system break down? The physical structures of speech, especially the mouth, are generally the last place to look for speech problems. But a child could have tongue-tie, cleft-palate, cerebral palsy, a malformed mouth and/or teeth, infected adenoids and tonsils. The mongoloid has the large tongue which inhibits articulate speech.

The sense organs could be affected. The blind child has no visual corroboration and builds his world around auditory, tactual and kinesthetic experiences. His language is often flowery. Articulation can be affected by his inability to see and imitate the production of some sounds. The deaf suffer the most severe handicap for learning language and speech. If they develop oral language it is usually concrete. Subtleties and abstractions are difficult to communicate visually.

If the child is retarded, brain-injured, deprived, inexperienced or immature, he may have poorly developed concepts; symbolic speech is not adequate. He has difficulty getting information and meaning from experience. Learning is not incidental. And the situation becomes circular; the rich get richer and the poor get poorer or fall further behind.

Social and psychosocial factors also have their effects. Some children withdraw from the world; for them, speech and language have painful memories or are not reinforced. Or sometimes tension can physically affect breathing, throat muscles, articulation. The rigid, frightened or fearful child will often produce a high-pitched, pinched, unpredictable voice, or refuse to talk altogether. For the perceptually handicapped the "buzzing, blooming confusion" of infancy lingers and delays or distorts his language and speech.

Factors which affect the development of speech then are:

1. maturation of speech organs
2. intelligence
3. health — feeling good, enjoying experiences, being motivated. The chronically ill will often have little motivation, a paucity of experiences or feedback, or even the energy to try communicating.
4. hearing — which is the primary channel for language acquisition and communication.
5. motor development — which entails not only ability to articulate by movement of speech musculature, but limited experiences as well, as with the physically or orthopedically impaired.

6. sex differences — which can be societal well as physical maturational differences. Boys spend more of their early years with their peers, girls stick closer to home and are rewarded by their elders for their efforts.
7. environment — including reinforcement of speech as a pleasant activity; the child who is never listened to nor reacted to will stop trying.
8. emotional factors — communication is a social act. The child who cannot cope with his emotions will either use language to fight back or compensate or he may refuse to communicate with the world he cannot accept.

Speech disorders are those which interfere with the message and distract from what one is saying; it is situational. And parents and teachers often "fill in" or understand the poorly articulated speech of their children. Often, however, adults will reinforce speech which they consider "cute" and preclude the correction when the time is most opportune: early childhood.

It is recommended that the child who displays one or more of these signs of speech problems be considered as needful of help or special attention:

1. the child is not talking by age two
2. speech is unintelligible at age three
3. initial consonants are missing after three
4. no sentences are used by age three
5. sounds are more than a year late in developmental sequence
6. there are mostly vowel sounds in the speech
7. there are many substitutions in easy sounds in speech
8. word endings are still dropped after age five
9. sentence structure is faulty at age five
10. the child is embarrassed or disturbed by his speech at any age (may have a good ear, but poor articulation or expression)
11. child is noticeably nonfluent after five
12. distorting and omitting any sounds after age seven
13. voice monotonous, very loud, inaudible, or of poor quality (could be hearing or affect)
14. pitch is inappropriate to age and sex
15. noticeable hypernasality or lack of nasal resonance

16. unusual confusions, reversals, telescopings of connected speech and language (kamanical pencil, bombs disploding, decluding, emeny, aminal)
17. abnormal rhythm, rate, inflection after age five.

In the instances above, the child has not incorporated the speech of those around him. Language problems can seriously affect later learning in school in all subjects, especially reading and writing.

What are the problems and solutions? For education, we need better identification and curricular adjustments. We turn to medicine for surgery, medication and prevention. Technology will provide us with prostheses, amplifiers, teaching machines. Psychology and mental health are involved in the effects of the problems of handicaps and the acceptance by the individual, his family, his society. And society needs to examine its expectations and its obligations.

What parents and teachers can do:

1. give the child time to talk and time to listen
2. take time to listen
3. help build feelings of self-esteem
4. initiate communication with home, school, community
5. be a good language model — simple, clear
6. speech and language is learned behavior, not automatic at first; the child will not necessarily learn incidentally
7. use positive reinforcement of any expression of language and praise the correct response
8. encourage child to make his needs known through words — do not anticipate
9. use real experiences and multisensory channels; language is abstract; don't make experiences also abstract
10. emphasize communication rather than articulation
11. Have friendly, relaxed atmosphere
12. remember that receptive language precedes expression — talk to the child; help him build concepts.

Educational Intervention

Working With Visually Impaired

The learning variables are, basically, imitation/modeling and reinforcement. In working with the visually limited preschooler, these same avenues of learning and teaching are still valid; some modifications need to be considered. Compensation must be made by both child and teacher.

Lowenfeld, in *Blindness* (1962), discusses those restrictions imposed by blindness:

1) Restriction in range and variety of experience. Concepts must be developed through the remaining senses. Problems of physical accessibility, size, fragility, motion, and danger will impede the child's experiences and his interaction with his environment.
2) Restriction in the ability to get about. The child will require assistance from his seeing counterparts to know what is out there, where it is and how to get to it, around it or from it, as the case may be.
3) Restriction in the control of his environment and the self in relation to it. He will lack adequate information from distant sources, as to form, size, position, general orientation. Further, the visually impaired will be unable to "read people" and determine the nonverbal communication going on about him. He, thus, develops a detachment which is even more restricting in controlling his world. Ordinary educational techniques and media will not be adequate and the teacher will want to become aware of the plethora of specific instructional materials available to the child with impaired vision.

Teaching the child will require the teacher's careful utilization of task analysis, in addition to the determination of the child's developmental level. Task analysis is an approach which attempts to define educational tasks the child needs to achieve a particular objective, usually academic or preacademic. Valett has provided a very workable listing of tasks and has suggested the manner of task analysis and subsequent or consequent teaching strategy. In essence, it is the process of deciding where you are, where you want to go and how to get there. With all young children, and particularly the child who has serious end-organ deficiency or mental impairment, the tasks which seem incidental to the teacher will be insurmountable and frustrating to teach and to learn. By further dividing these tasks into simpler steps and presenting these steps in logical and learnable sequence, the child can be led into untold areas of ability and achievement.

This is similar to the theory underlying programmed instruction: short, sequential steps, carefully designed and explained, instant reinforcement, errorless learning, and self-pacing.

Lowenfeld (1962) listed five principles of teaching the blind:

1. Individualization, based upon a careful evaluation of the child's totality of strengths and weaknesses, the problems of learning and processing information, the impact of visual limitation upon this child. One does not teach the blind child, as a blind child per se.
2. Concreteness, which demands direct experience and literally first "hand" experiences and activities. The environment will need to be pointed out and brought into contact with the child.
3. Unified instruction, including the totality, sequence, and organization of the child's experiences and impressions. The child will have difficulty "seeing" relationships, cause and effect, abstractions, concepts.
4. Added stimulation, with more trips and demonstrations utilizing the child's remaining intact senses. This is the child who cannot be attracted to his environment unless he can smell, feel, taste or touch, as well as hear. Seeing and hearing are distance receptors; loss of imput into the one channel will sometimes lessen the impact of the other, not enhance as is erroneously assumed. The blind child does not have an automatic sixth sense.
5. Self-activity. The child will learn by doing and must employ those activities of prehension, locomotion, talking, eating, playing, and meeting people. These activities must be self-initiated as much as possible. Given situations the child will increase his experiences and thus his feelings of security. The principles outlined by Lowenfeld would apply to all areas of development: language, motor, social and emotional, cognitive, perceptual and academic. The child may need to be "guided into sociability" and "put in touch" with others.

As with the deaf, mentioned in another section, the blind needs the tools of communication, he needs to be an active rather than a passive learner, and he needs to be freed from the immediate situation. He will have to be prepared for his experiences, put through the experiences, sometimes with physical manipulation and always with careful explanation. The experiences will have to be discussed and reviewed and transferred to other experiences and learnings.

Language development is crucial. He must be taught also to use his hands purposefully, using his fingers with increasing dexterity, improving tactile discrimination and manipulation. Mobility training will hinge upon and be taught in connection with language development, training in directionality and activities to enhance body image and concept. Lastly, the child must be taught to think, to make decisions, to initiate his own activities.

Carson Nolan contends that "the general principles for design of successful management techniques for enhancing the early development of visually handicapped children may be briefly described as follows: The passive must be made active, the implicit made explicit, the abstract made concrete, and the vicarious made real; all with emphasis on the needs of individual children."

Working with the Hearing Impaired

While evoking less emotional response and societal attention than do the blind and visually impaired, it is the child with a hearing loss or impairment who suffers the greatest obstacle to communicating with and taking his rightful place in the world. His physical, aural disability may be masked by other behavioral manifestations and misinterpreted as mental retardation, inattentiveness, emotional disturbance, or delayed speech. Actual loss may be almost impossible to determine as it could be volume, range, pitch, clarity or any combination. It could be conductive, resulting from a dysfunction of the outer ear or middle ear; sensori-neural, resulting from dysfunction of the inner ear or the nerve pathway from the inner ear to the brain stem; or central, resulting from dysfunctioning along the pathways of the brain from the brain stem to and including the cerebral cortex. And evaluation could be further aggravated by multiple handicaps, such as visual, physical, cognitive or perceptual; handicaps seldom visit the child in isolation.

This child does not acquire his language from auditory vocal channels, but depends primarily on vision. His formal language development will come to him through signs, speech-reading, fingerspelling, gestures, and eventually through written presentation.

Language evolves and generates in the young child, as he discovers through interaction with his environment that particular sounds have particular meanings to those around him and that language forms have a particular logic, as in syntax, grammar, etc. But the hearing impaired will not acquire this naturally and automatically. He will need systematic introduction and compensatory training. Even with amplification, he will find his range of experiences seriously constricted. As with the visually impaired, the hearing impairment itself may have no effect on intellectual development. The loss will lead to impoverished communication skills, however, which will set limits on all aspects of development. He will have no monitoring device, no feedback system, no scanning or localization mechanisms.

Programs for the hearing impaired are designed to teach or develop language skills which the hearing child automatically and casually brings to the learning situation. And the hearing impaired child will never "catch up" qualitatively or quantitatively. The parents are the important factor in developing both language and attitude and the development of communication between parent and child will be a major determinant of his educational experiences and growth. There will need to be some form of early systematic communication with the impaired hearing child and his family and placement of the child with his hearing peers to stress the spontaneous development of language and speech. We don't know how much sound the young child receives and how it is processed.

Current methodologies with young deaf provide more emotionalism than fact as to the superiority of any one method; this determination of the best approach is still a moot question. It is generally agreed that speech and language are different and that the child can develop language without speech, although speech will not develop without language. Many programs now utilize Total Communication, involving the use of signs, fingerspelling and oral expression. Some programs will still stress oral only, manual, or fingerspelling and speech. Advocates of Neo-oralism offer three basic goals:

to give the child the tools of communication, especially expression, at an early age;
to change the passive child to an active learner, who initiates much of his own learning;
to free the child and his language from the immediate situation.

Theirs is a stress upon practical activities and pragmatic application.

It is generally considered necessary for the child to have at least part of his education within the confines of a highly specialized program with trained educators who will provide him with techniques of communication which have been denied him by virtue of his hearing loss.

As a guide to the educational significance of various degrees of hearing impairment and program needs, the Illinois Commission on Children (*in A Comprehensive Plan for Hearing Impaired Children in Illinois, 1968*) has compiled a table on The Relationship of Degree of Impairment to Educational Needs.

Average of the Speech Frequencies in Better Ear	Effect of Hearing Loss on the Understanding of Language and Speech	Educational Needs and Programs
SLIGHT 16 to 29 dB (ASA) or 27 to 40 dB (ISO)	May have difficulty hearing faint or distant speech. May experience some difficulty with the language arts subjects.	Child should be reported to school principal. May benefit from hearing aid as loss approaches 40dB (ISO). May need attention to vocabulary development. Needs favorable seating and lighting. May need lipreading instructions. May need speech therapy.
MILD 30 to 44 dB (ASA) or 41 to 55 dB (ISO)	Understands conversational speech at a distance of 3-5 feet (face-to-face). May miss as much as 50 percent of class discussions if voices are faint or not in line of vision. May exhibit limited vocabulary and speech anomalies.	Child should be referred to special education for educational follow-up. Individual hearing aid by evaluation and training in its use. Favorable seating and possible special class placement, especially for primary children. Attention to vocabulary and reading. Lipreading instruction. Speech conservation and correction, if indicated.
MARKED 45 to 59 dB (ASA) or 56 to 70 (ISO)	Conversation must be loud to be understood. Will have increased difficulty in group discussions. Is likely to have defective speech. Is likely to be deficient in language usage and comprehension. Will have limited vocabulary.	Child should be referred to special education for educational follow-up. Resource teacher or special class. Special help in language skills: vocabulary development, usage, reading, writing, grammar, etc. Individual hearing aid by evaluation and auditory training. Lipreading instruction. Speech conservation and correctional. Attention to auditory and visual situations at all times.

SEVERE 60 to 79 dB (ASA) or 71 to 90 dB (ISO)	May hear loud noises about one foot from the ear. May be able to identify environmental sounds. May be able to discriminate vowels but not all consonants. Speech and language defective and likely to deteriorate.	Child should be referred to special education for educational follow-up. Full-time special program for deaf children, with emphasis on all language skills, concept development, lipreading and speech. Program needs specialized supervision and comprehensive supporting services. Individual hearing aid by evaluation. Auditory training with individual and group aids. Part time in regular classes only as profitable.
EXTREME 80 dB or more (ASA) or 91 dB or more (ISO)	May hear some loud sounds but is aware of vibrations more than tonal patterns. Relies on vision rather than hearing as primary avenue for communication. Speech and language defective and likely to deteriorate.	Child should be referred to special education for educational follow-up. Full time in special program for deaf children, with emphasis on all language skills, concept development, lipreading and speech. Program needs specialized supervision and comprehensive supporting services. Continuous appraisal of needs in regard to oral and manual communication. Auditory training with group and individual aids. Part time in regular grades only for carefully selected children.

The Child with Mental Retardation

A child learns to talk because he enjoys making the sounds with his voice, tongue and teeth; he coos, cries, chuckles babbles. Because he gets attention from those around him. Because he hears others making the same sounds. By finding pleasure in getting a response.

Before he can talk he needs:

physical structures to make sounds;
the ability to control facial muscles, tongue, breathing, vocal cords;
hearing acuity, memory, discrimination of sounds (his and others);
ability to make sense out of his environment;
ability to associate sounds and things, sounds and ideas, things and ideas.

His first experiences are sensory: he feels, hears, smells, sees. Then he learns to recognize, to associate, to discriminate, to perceive. Finally, he learns to conceive of something when it is not there; he learns to abstract, to think. What about the child who has sensory defects and cannot see or hear or feel, or cannot perceive because of some neurological problems? What effects does this have on his speech?

For the mentally retarded (trainable), the failure to develop receptive, symbolic and expressive language is one of the greatest obstacles for learning. The TMR never reaches a stage of normalcy, but with practice and training he can achieve his own potential, however limited. He does not learn incidentally. Learning depends upon maturation and we waste time teaching too much too soon. This poses a dilemma for those working with the retarded: when to wait and when to push.

The delayed maturation of the retarded disallows adequate discrimination, coordination, generalization, association, manipulation or verbal concepts, auditory memory span, attention span, grammar. There is minimal content in his speech, perseveration, low creativity and imagination, inability to transfer meanings, no self-criticism, poor evaluation and organization of perceptual clues. And frustration. And, often, withdrawal.

There is a physiological lag between the passive vocabulary of words comprehended and the use of spontaneous speech which is increased in the preschool mentally retarded child. The natural delay is exaggerated as a result of his intellectual impairment. Mental retardation is associated with a secondary delay in speech and language development. It is as if the remarkable and complex human faculty of speech and language development takes the retarded child longer to learn. His language age does not equal the mental age until he is older; with training, he may close the gap.

Social communication is more than simply verbal, gestured or written messages. It involves the ability to express inner feelings and thoughts and the comprehension of what is conveyed by the words or gestures of others. It is the foundation for the child's ability to develop personally, socially, and occupationally within a supervised environment. The child grows emotionally as he learns to understand. Before he speaks, the child expresses his feelings through body movements. His behavior at home will usually differ from his behavior at school far more than teacher or parent realizes. This could be pressure and/or expectations. Both need to know levels of language and to share perspective.

sequential development of child's communication (child does not necessarily go through each stage)

1. Child uses gestures and physical action, grabbing and hitting people to get attention, using gestures but not words or gestures with some words, leading adults to what he wants, pantomiming.
2. Child tries to use sounds to convey meaning. He tries to vocalize but only air from larynx comes out, vocalizes when excited, babbling, using initial sound in a word, making sounds during group activity.
3. Child imitates sounds, words and actions, imitating teacher during activity, imitating high and low tones in music, no words, imitating sounds of others; repeating words on request but not in real situations.
4. Attempts to verbalize meaningfully, using single words to include proper names, common exclamations and greetings, identifying objects and pictures with one word, using single words in communicative situation, combining two or more words.
5. Participates in group, repeating all words in group activities like finger plays, performing activities before group, learning group activity, participating in group discussion.
6. Child converses with others, speaking only when addressed, giving commands to others, asking questions, relating previous experiences, talking excessively on limited subjects, conversing with adults, conversing with peers, using polite language spontaneously, taking initiative in conversation.

His language should closely follow his level of play: isolated, parallel, social.

Assessment of Communications Skills

Five major areas affecting development of useful communication:

1. *hearing* . . . physiological and neurological. The MR requires intensive auditory training to gain generous storage of auditory experiences before he can be expected to communicate verbally and spontaneously.
2. *condition of speech mechanism* . . . can he swallow, suck, maneuver tongue by controlling its action? — extending, elevating tip, swinging it from one corner of mouth to opposite, employing some speech in tongue action?
3. *environmental climate* . . . child may be unable to receive meaning from spoken symbol (word) or visual symbol (object); difficulty producing an appropriate act, sound or word response to heard or seen symbol. Needs program of language development to attach meaning to sounds and visual stimuli. Involves perceptual, emotional, social climate.
4. *symbolic functioning* . . . child cannot function beyond his level of cognitive ability. Teacher and parent need to know child's scatter of weaknesses and strengths.
5. *cognitive ability* . . . retarded mental development outranks hearing loss as cause of delayed speech; may have ability to comprehend information, but not able to talk.

categories of communication problems found in MR children

young — 2 to 7 years of age, nonverbal child with retarded development; often combination of organic, psychiatric, and learning disorders, or cultural deprivation; needs differential diagnosis and program to achieve maximum within limits of total potential

poor verbal child. — lag between his receptive language, understanding and comprehension, and expressive language, or communication

severely or profoundly retarded individual — low cognitive functioning and little if any communication skills; can be trained to say few words or use few gestures

procedure to develop communication skills in MR based on perceptual training — steps:

1. learning to listen through attention-compelling stimulation; use child's self, name; condition responses for safety (stop, no, come)
2. learning to listen and reacting to sound; appropriate nonverbal

response; associating word sounds with common objects: ball, baby, bus, bathtub; meaning, identification and location of body parts, familiar sounds, sound localization

3. learning to listen and responding to sound: appropriate vocal response, associating sounds with animals, using realistic models (field trips), mimicking

4. learning to listen and producing appropriate social response — listen and mimic words for common objects (association of word-sound symbols of common objects and vocalizing animal noises in appropriate association, listen to and mimic words for common objects)

   Move from saying words to using words; this is the goal of social language: naming, qualifying, verbs, two-word sentences. Take child from familiar to unknown, from simple to complex.

Criteria for materials to use with mentally retarded:

1. materials should be motorically corrected to the child's level of eye-hand coordination. Frustration, not language, will follow the use of complex, difficult materials, toys, etc.

2. materials should be within child's area of social interest as seen in role playing; one needs to watch the child's choice of materials and toys during free play or periods of choice.

3. materials, common objects, animals, pictures, should be selected within the realm of the child's own experience. Child can work with that which he understands; don't assume transfer of learning of abstract conceptualization.

4. materials should be useful ultimately. Tie in the choice of materials to the eventual goal for child: self-care, use of leisure time, simple vocational activities. Time is limited in teaching MR. There is more to learn (and be taught) and less time for learning (optimal period of learning) in the retarded; they will "level" off during adolescence.

   The key to progress in language skills is the example or behavior pattern set by the teacher or therapist, both in choice of activity and/or materials and in reinforcing of appropriate behaviors, or responses, in child.

Language stimulation can be done by everyone who works with the child; it should be ongoing. Speech and eating use the same musculature. The child should develop proper eating habits: sucking, chewing, swallowing are the most important to speech development.

The child should be talked to during feeding. Feeding time should be satisfactory and pleasant. The teacher should face the child, talk to directly, developing a good interpersonal relationship. Feed from the center of the mouth. Encourage good lip movement (for later development of p, b, m, w); sucking, done right, with coordination with breathing cycle (inspiration-expiration), develops t, d, n, l, s, z, sh, ch, j. Encourages the child to chew forcefully. Proper use of teeth, tongue and jaws assists in developing various positions necessary for consonant sounds. Swallowing should be encouraged after other steps are taken. If the child has trouble, a slight upward stroke of throat or slight pressure will help; this develops k, g, ng, and final sound production.

Begin working with simple words and nouns and add action verbs, then adjectives, adverbs, articles, prepositions, conjunctions. Stimulate expressive language; encourage child to repeat words as you use them. As the child has experiences, talk them through, giving him words for everything.

For development of body concept, use a full-length mirror, physical contact, much movement, games and music. Provide an emotional climate that is conducive to communication, one in which the child feels comfort and involvement. Learn to play and talk with the child.

Motor Development

Motor development

There has been much ado about motor development in young children, particularly those with physical and/or perceptual problems. Yet this area is most impervious to intervention and is less related to mental growth and learning processes. It is resistant to external influences. Human development consists of age-related stages; general principles of human growth include rate, directionality, patterns of differentiation and integration, and sequence. Physical development shows a characteristic growth rate for any particular infant. Mere restraint or lack of exercise will not retard motor development; extra stimulation and special training seem to have little or no lasting effect on individual growth rates. The child has an inherent pace of growth in height, weight and motor skills and only extreme environmental circumstances will alter this. Further, growth will proceed in definite directions, head downward, body center to periphery, trunk to extremities. Differentiation of growth refers to the processes by which gross overall patterns of behavior are broken down into finer and more functional actions; integration refers to processes involved in bringing various segments of behavior patterns into coordinated interaction with one another. The child orients to his environment through differentiating and integrating. There is also a characteristic sequence of development of the various physical attainments, such as in learning to walk. The pace of this may vary among individual children, but the sequence remains fairly stable. (This sequential development is also seen in the development of concepts.) Children are born more or less active or passive, however, and this trait is evident from birth.

Is there any value to formalized programs of motor activity in the early or preschool years? Bryant Cratty summarizes current research: Early measures of motor development and competence are poor predictors of later intelligence. Where exposure to physical fitness programs has changed IQ measures, it has been assumed that the improvement was due to the increase of the child's self-concept through increased skills or proficiency in games and play. When combined directly with games and movements presented to children, academic operations, spelling, letter recognition, reading, e.g., were improved by movement experiences. Clumsy boys will have low self-concepts and often be disinclined to play those games appropriate to their age. The teacher of young children does have evaluative measures available to her for determining skills in writing behavior, manipulative abilities, large muscle control, and self-control. Minor motor problems can be remediated through systematic and comprehensive training. Children can be activated and/or deactivated as necessary to perform better in the classroom through the judicious use of active games and play.

Cratty lists justification for good programs of movement experiences for the young child:

1. physical competencies will add to a child's general feelings of competency;
2. encouragements in creative movement will result in more qualititative participation in all forms of social interaction;
3. active children, confined too long, will have less enthusiasm for classroom activities;
4. children seem to have an inherent need to move, whether this is allowed or not;
5. greater levels of muscular and cardio-vascular fitness do result from vigorous activities and high motivation.

Affective Education

The two greatest achievements of the young child are attachment to others and language. There has been little effort made to provide any formalized program or curriculum for the affective education of the young handicapped. Perhaps this is best, if we can assume that affective education will be provided as a part of the *total* program for the child and developed *throughout* the child's education and experiences. We do need to teach children to accept, interpret, and deal with emotions in themselves and in others. Emotions can be brief and transitory feelings of anger or fear, or conceived (conceptualized) as a mood, sentiment, or interest and in a positive or negative manner. The child needs to know that it is "all right" to have feelings. He needs a repertoire of behaviors:

1. he must be able to postpone immediate gratification without excessive feelings of anger and frustration.
2. he must recognize the feelings of others and sometimes defer to them.
3. he must realize that he has rights and can speak up for himself.
4. he must know that he is not omnipotent and that it is not a disgrace to ask for comfort and help, but that he should not overuse this to be babied.
5. he must learn to express himself verbally and physically but also he must recognize the limits imposed by the situation.

The Dubnoff School has suggested a planned social-emotional curriculum which includes:

1. *acceptance*: emotions are all right and everybody has them and may tell how they feel.
2. *recognition*: one needs to "read" emotions by facial expressions and body movements.
3. *labeling*: the child may need a basic vocabulary to express his feelings and emotions.
4. *causation*: the child should be helped to learn why people act as they do and what effects his actions bring about . . . causal understanding of behavior.
5. *alternative*: the child should be given practice in selecting the most advantageous behaviors within the context of existing circumstances.

(Dubnoff School's) behavioral objectives are:

1. the child should know that all people experience emotions such as anger, happiness, sadness, and fear.
2. the child should be able to label and talk about his own and others' emotions.
3. the child should be able to identify emotions in others from facial and body movement cues.
4. the child should be able to relate emotions to some possible antecedent.

5. the child should be able to predict emotions which may ensue from some common situations.
6. the child should be able to describe alternative modes of response to stress situations.
7. the child should be able to recognize acts as good or bad and emotions as neither.

Dubnoff School's program, known as Project ME (available from Bowmar) advocates levels. The first level, for three-year-olds, has programs designed to develop the basic skills of recognition and expression of emotions. The second step is to introduce many shadings of feeling, all kinds of glee, happiness, satisfaction, joy, contentment. At the third level are combinations of emotions, as fear turning into fun, as situations are understood and mastered. They learn that emotional reactions are not necessarily constant and the same situation does not always elicit the same reaction. More abstract and complex emotional constellations are at the fourth level: being friends, being part of the family, getting along at school. At all times the child is assured of a sense of safety; his emotions are accepted and he is free to express them.

No one learns unless there is a chance that he can and will be wrong; this is learning by doing. The child needs to feel safe or secure in his ability to make mistakes and still be achieving. Nowhere is this more evident than in emotional growth and learning.

Play Therapy

Play therapy or play as therapy, which once seemed to belong only in the office of the psychologist or psychiatrist, now has filtered down to the ranks of the front line or direct care staff. It is a tired truism that "play is the work of the child and his toys are his tools." The child is learning through modeling and reinforcement. He therefore will play with those objects that bring him pleasure directly or through pleasing his love-object. The child will imitate his parent, grandparent, teacher, neighbor, etc. For the harassed mother or teacher, it is a comeuppance to watch the children play "house" or "school." They reveal their concept of the parent or teacher: gentle, harsh, demanding, shouting, loving.

The play period or play corner can be instructive, allowing for manipulation of objects which will enhance the child's skills necessary to more adequate learning. And learning is satisfaction and therapy in itself.

There are, however, other aspects of play. The toy allows the child to release feelings he might not have recognized or been willing to accept or have wanted to share. Anger, hatred, fear, even love and desire might need to be hushed up in the child's mind. And toys, paints, art materials, etc., can offer an anonymity necessary to tender egos. The observing teacher can sense the problems and feelings of children by watching their play, their choice of toys, their use of toys, their art work, their postures and language, their interactions with others. One is cautioned not to read too much into their actions, however; the teacher who has read Freud or Axline may have the child hopelessly caught in an emotional abyss that just does not exist. He may just have one color crayon or paint, or just want to feel the tear of the paper or the crunch of the toy. Curiosity is often overlooked as a motivator.

If play is to be therapeutic and done in a deliberate manner, it is best to work under the guidance of one who is skilled and trained and uninvolved. One forgets that the teacher as well as the child acts out his or her feelings and fantasies. The role of the teacher also needs to be considered: perhaps the roles of therapist/instructor/friend are too much for you and for the child. Children have difficulty differentiating roles; this can be further complicated by the educator who wants to be all things to all people. Teaching can be therapy in and of itself; play can be deliberately scheduled or allowed to evolve as the child chooses. The child's behavior and learning can be enhanced by a perceptive, sensitive teacher. But pitfalls should be kept uppermost in the mind. It might be best that the educator not allow the emotional imvolvement to become such that the goal of education is lost, either through misplanning, playing the wrong role and thus confusing the child, or overidentifying with the child and his emotional hangups.

It is curious. Our work ethic has imbued us with vague, uneasy guilt feelings about play, as something frivolous, unnecessary, possibly even harmful to our moral fiber. Yet this same work ethic has brought us shorter work weeks, automation, prosperity and leisure time for which we are unprepared emotionally, socially and culturally. There has been a surge of interest and research into play, recreation, and the affective realm of our lives.

The helping professions — psychological, sociological and psychiatric — have recognized play as a release and a means of therapy. Throughout the country people are seeking out encounter groups, touch therapies, primal therapy, and the like, in a quest for what should be a natural part of everyone's life — play. For, as well as the people who feel the need for being almost apologetic about playing, we have the lonely "hang-ups" who have never learned to play as children and thus cannot communicate this interrelationship and interdependence as adults.

In educational literature there is no real definition of what play is or does. But there is an increasing interest in the value of play in the child's life, his learning and his developing as a member of society.

Play is an activity accompanied by feelings of playfulness, fun and enjoyment. Piaget considers play mainly as having a compensatory function. It permits an intellectual response in fantasy that he cannot make in reality and thus protects his sense of autonomy. Play is an activity of intelligence. It consolidates and reinforces previous learnings. Analysts concede that play reduces tensions which might impede intellectual growth.

Erickson writes that the young child's play is analogous to the planning of the adult. The child creates model situations and rehearses roles. An early example of this is the infant's game of peek-a-boo, wherein the child practices being separated from his mother. According to George Mead the child develops social understanding through having to take the role of the other person into account in his own actions. There is a loose covariance between playfulness and creativity. Play increases the child's repertory of responses and provides for later adaptive responses. Like laughter, humor and art, play is an expressive characteristic with many cognitions and a readiness for adoption of an "as if," "just like" or "it is like" set. This analogy type thinking ties abstractions to something familiar and understandable.

Play is behavior driven by a need for stimulation and produces knowledge about elements in the environment that are changing. It is concerned with the development of a capacity to deal with change. The player substitutes his own conventions and urgencies for those of society and nature, scaling down life structures and anticipating life. The one who plays has "thought it through." He has greater autonomy and enjoyment of life, a backlog of responses, and flexibility in using resources. Some call it mental facilitation, talking through, thinking through. This is critical to the child with learning disabilities who cannot "see" the gestalt. Through play the child learns voluntary control of muscles, eye-hand coordination, combining simple schemes or skills, generalizing the property of objects — early concept formation.

Children at play make choices and demonstrate preferences. Play is the result of the interaction between the physical environment and the child's sensory perception of that environment, which may be different, especially if the child has a sensory impairment or dysfunction.

Play provides a concrete three-dimensional world which leads to multisensory experiences and a repertory or storage-house of referents for interpreting new experiences. And Bruner stresses that the learning levels are, first, concrete manipulation, followed by models, and then symbols or abstractions.

Play assumes a central role in personality and social development during the preschool years. Youngsters, through activities involving toys and games primarily, learn about each other as people and about their own capacities to handle stresses and strains found within interpersonal relationships. The child who misses opportunities to play with his age-mates — as might the child who is culturally isolated and different, the sensorially handicapped, the retarded, the severely crippled or homebound — will also miss out on the vital social learning experience and may become the kind of person who is uncomfortable, inept and uncertain of himself in interpersonal situations.

Play is related to cognition or knowledge. Studies show that often the lower-class children who have an inability to categorize in representational terms also are impoverished in play. Skills learned in games are functionally interrelated with other aspects of personality and cognitive style.

We need options, choice and control — the conditions of play. There must be novelty and change, dissonance or uncertainty, increasing complexity. Boredom is aversive. So is frustration. So is fear.

Play follows the basic modes of knowing: imitation, exploration, testing, and construction. The child understands his world by *copying* the acts of another person. Modeling theories of learning emphasize the child's capacity for this kind of knowledge. The child imitates the parent who has been imitating the child. The mother will mimic the action or sound of the young child and will smile. This pleasant interchange will be repeated and reinforced. Children who make believe are more likely to have parents who played sensory-motor games with them. The parents were the reinforcers rather than the source of the play. The two-year-old can imitate persons when they are no longer there or can imitate his own behavior in different locations, pretending to wash his face or eat or go to the toilet. Sleeping, eating and dressing are routines often transferred to new locations by the playful child. The child will borrow the routines of the adults, such as cleaning; sweeping, talking on the telephone. By the third year the child is imitating people in general, using dolls, for example. The child's play will become increasingly imaginary by the fourth year, especially where parents have shown a high degree of role flexibility in relation to the child — where they have joined in the child's play. Between four and six the games and play become group oriented, although informally so.

Through *exploration* the child understands his world, by analyzing how things work, how they came to be as they are and what they can do. He learns the connection between things, places or people in the world outside himself. The child explores his world. The playfulness lies in the child's attitude toward the type of activity — play would be innovative, improvised. His first explorations are with the mouth and hands and later include tasting, scribbling, emptying and filling containers, pushing and pulling objects, climbing in and out and over and under. By the third year he combines and integrates and builds; he sorts, arranges, transfers, spreads. He is now aware that the objects are toys and that he is playing. He also plays with sounds and makes jokes, for now he should feel that the world is in order and is unshakeable. The child further understands his world by testing to see if his behavior will have the effects he thinks it will have. *Testing* emerges from prediction. He tests himself and the objects, saying I can do it and I can do it any way I want — thus play is a form of self-validation. The child develops his notions of being an individual, of being good or bad, of being weak or powerful.

The most obvious way in which testing takes place in play is in the social form of games. The child validates himself by using others as his standard of competence. Games deal with some of the major forms of emotional life: approach-avoidance, attack and adaptiveness, joy and sadness, expectancy, impulse control (stop-start), sensory functions. There are games of chance, strategy, memory, physical skill. And they are culture — and sex-related. There are necessary conditions for playing games:

- familiarity with the routine of the environment (which comes from consistent care by adults)
- optimum level of attentiveness to the environment (games are aimless activities and cannot occur in the presence of overwhelming drives, tensions, deprivations or threat)
- control over parts of the body used in the game (the first games evolve around the mouth area)

Play habits of young children become matters of critical importance in their preparation for life as adults. Those who play poorly when young will have "inept dreams for social features in the societies in which they live."

The child understands his world by *putting things together* in his own way — patterns and pieces — and acquires an inside, active knowledge of the world *builder.* This play is Erickson's analog of adult planning activity. The child uses toys and dolls and symbolic playmates as substitutes for the real thing. Commercial toys are a real part of the child's life and learning. The child will not be hampered by realistic toys. The problems will lie less with the toys than with the inability of the adults to provide examples of creative activity in their own lives. The key to model building for the future centers on fantasies about new human relationships — with a need for humor and versatility that adults too often lack. Play is in part imitative of the adaptive processes and attitudes of the mother culture, but they are voluntary systems that allow for fantasy and enjoyment. We learn to dream and hope.

The socialization outcomes are attitudes toward rules and authority, delay of gratification, cooperation, social skills, interpersonal trust, leadership, independence, belief in control over the environment, social maturity, moral development, school achievement. Play and leisure are the major resources for our achievement of individuality.

Play is more analogous to language than to learning; it is a special type of knowing, unique in character. It has conative, affective and cognitive (desiring, feeling, and knowing) characteristics of self-control, euphoric-tension, scale reduction and novelty. For the infant there is sensory-motor transformation (mouth-play). The toddler has symbolic transformation with dolls and trucks. And in childhood, imaginative play will emerge with monsters. The child knows his world by distancing himself from it and thus limiting the scope and scale of reconstruction; play deals with life in terms of models. Does the player learn anything by playing? Mary Moffitt provides us with a set of parallels between play and cognitive activity. It is not presented to prove that play's usefulness lies in later cognitive learning. But the understandings gained through exploration and play could lead to the child's control over variations succeeding these learnings.

There is a relationship of different play activities to perceptual-motor developments and cognitive development necessary to success in academic subjects. It is a circular relationship. One can pick an academic area and ask what does the child need for success in that area? What is basic to learning to read, write, count, understand nature, science and social studies. This task analysis approach will lead one to consider the skills, attitudes and cognitions gained through play. The following chart does afford a visual survey of the child's world, which he must conquer one way or another.

PLAY ACTIVITIES

MULTI-SENSORY EXPERIENCES .... **ENVIRONMENTAL ENCOUNTERS**
Assimilation **(concrete — ikonic — symbolic)** **Accommodation**

PROCESS

OBSERVING	COMPARING	CLASSIFYING	ORDERING	INTERPRETING	SUMMARIZING	IMAGINING
Selecting Seeing	Likenesses Differences	Grouping Organizing	Seriation	Explaining Describing	Generalizing	Creating new relationships

PERCEPTUAL DEVELOPMENT

PERCEPTO-MOTOR	SPATIAL	FIGURE-GROUND	WHOLE-PART	CLASSIFICATION	SEQUENCE	CLUE AWARENESS
Laterality-directionality Ocular pattern scanning Hand-eye coordination Manipulative skill General coordinates	Measurement Position Distance Coordinates	Visual Auditory Olfactory Gustatory Tactile	Ability to see elements in patterns or arrays and shift from whole to part	Grouping according to size, shape, color, texture, etc.	Seriation Ordering Predicting	Ability to see and use clues in problem solving
Activities Music, rhythms, running, jumping, creeping, painting, manipulating materials, woodworking, dramatic play	*Activities* Blocks, painting Motor activities Fitting objects into things Manipulative activities	*Activities* Puzzles Painting Pasting Music Pictures	*Activities* Taking things apart and putting together Construction of all kinds	*Activities* Matching and sorting of all kinds Dramatic play	*Activities* Dramatic play Ordering size, color, etc.	*Activities* Hiding and finding Fitting objects Use of order and class as functions

LANGUAGE DEVELOPMENT

Syntactical (word order)	Transformational Skill (question, negative, etc.)	Semantic (meaning)

COGNITIVE DEVELOPMENT

Categorical Concepts Quantitative-qualitative	Concepts — logical thinking — cognitive structure	Hierarchical Order Spiral concepts

SUBJECT MATTER

READING	SCIENCE	MATHEMATICS	SOCIAL STUDIES	WRITING
Laterality-directionality Visual-auditory discrimination Shift figure-ground whole-part Clue awareness Classification, identification Association, comparison	Classifying, hypothesizing, predicting, testing Observings, describing Whole-part (genus-species) Ordering, measuring	Matching 1 to 1 Grouping (sets) Manipulation of sets Seriation Whole-part	Time-space relations Sequence Cause and effect Classification Role playing Use of models	Direction Visual clues Visual discrimination Hand-eye coordination Grasping as motor development

From: "Play as a Medium for Learning," by Mary W. Moffitt
Leisure Today, American Association for Health, Physical Education, and Recreation

Food and Nutrition in ECE

Even though the child may be in the school program for only part of the day, he usually receives some snack or food. This can be the mid-morning or mid-afternoon break with juice and cookies or could conceivably involve eating in the school lunchroom. The handicapped child will often have physical difficulties, such as chewing and swallowing, emotional problems disallowing any enjoyable "breaking of bread together," and other genetic or metabolically disorder. Poor eating habits will be brought to school by many children, from harassed parents who couldn't solve the mealtime shambles, from television commercials, which hawk the merits of instant foods, McDonald's and other franchised foods. The child should be encouraged to try all the basic foods: grain, milk and dairy products, proteins, etc. A list is suggested in this section. Servings should be child-sized. And mealtime can become a time of pleasure, sharing, fun. Often the child can share the responsibilities of cooking and preparing foods, or at least setting the table and cleaning up.

Some children who are inactive because of limited mobility and/or stimulation, may have limited appetites and be finicky eaters. Problems should generally be dealt with firmly, but with little unpleasantness if at all possible. Eating and not eating become the weapons of some children and they can reduce teachers and parents to rage and complete impotence by using the mealtime as a battleground.

In some behavior modification programs, food is the reinforcer and mealtime thus becomes a curious mixture of social and educational learnings. It may be necessary at times to withhold food from the child to enforce behaviors or reactions. Used judiciously, the approach of earning your bread and butter can be effective.

Food can also be equated with love to some children. And those who are starving for love may never be nutritionally satisfied either. They will sneak foods, gorge themselves at the table, or talk incessantly of mealtimes and food. With this child food should not be used as a reward for good behavior but as the answer to an empty stomach.

Some children may need aid in changing from eating prepared foods, such as baby foods, to eating table foods. The child will need a variety of foods and many opportunities for developing good chewing habits which in turn will aid in speech development, as mentioned elsewhere in this publication.

The child will also need encouragement in participating in self-feeding; this is a slow process that requires almost interminable patience.

Foods should provide opportunities to teach new textures and new tastes. Never mix several foods together; mash the foods, do not blend.

Suggested foods:

1. fruits: mashed banana, applesauce, canned peaches, pears, apricots
2. vegetables: carrots, peas, mixed vegetables, beans, squash, asparagus, broccoli
3. cereals: oatmeal, cream of wheat, dry cereals, graham crackers and milk
4. mixed foods: canned hash, soups, macaroni, stews, spaghetti
5. protein: eggs, soft boiled or scrambled; cottage cheese, hamburger, fish, lean meat, cheese, peeled hot dog, creamed chicken, creamed tuna
6. carbohydrates: potatoes, mashed, buttered rice, buttered noodles, bread
7. juices: apple, orange, cherry, grape, mixed fruits
8. desserts: jello, puddings, ice cream, custard, marshmallows
9. finger foods: peeled sliced apple, banana, hot dog slices or pennies, sandwiches, toddler meat, green beans, crackers with peanut butter, cookies, fish sticks, pineapple chunks, toast, cheese sticks, french fries, bacon

Preschool Programs: Teacher Planning, Objectives, Curricula

Most programs are eclectic, but will fall more or less into four basic categories: programmed, open framework, child-centered and custodial. These basic forms refer to the teacher/child roles, participation and interaction, e.g., teacher initiates, child responds; teacher initiates, child initiates; child initiates, teacher responds; teacher responds, child responds.

Under the programmed approach, the teacher initiates and the child responds. There are clearly defined educational goals and generally the programs are aimed at getting the child equipped for school. There is heavy emphasis upon convergent thinking, repetition and drill and the controlled response. Examples are the Engelmann-Berieter DISTAR program and Carolyn Stern's Preschool Language program. Teaching machines and computer-based learning fall into this category also, as does behavior mod. The script is written by the author or the program and must be followed literally. This is useful where paraprofessionals are being used and, perhaps, for the young, inexperienced teacher. The approach is allegedly teacher-proof.

With the open framework program approach, the teacher initiates and the child initiates. The teacher creates a curriculum affording direct experience and action by the child. In the main, these are based upon Piagetian theory of child development and are child-paced. They emphasize cognitive and language development. Merle Karnes' Ameriorative Preschool and Weikart's Cognitive Curriculum follow this format.

The child-centered program allows the child to initiate and the teacher to respond. This is often the traditional preschool program with focus upon the whole child, emphasizing social and emotional growth. It is usually permissive, feeling that play is the child's work and allowing an open classroom situation, to meet the needs of individual children. The Bank Street Program and most Montessori schools are of this type.

Unfortunately, there are some programs that are little more than custodial situations where the teacher and the child respond to the physical situation and there is no direction. The children are kept from bodily harm; little more is accomplished.

The purpose of education is to develop self-actualizing persons. Every individual lives in a society composed of other individuals. He (or she) can only actualize himself (or herself) in interaction with others. The best means for achieving potential is providing good human relationships between teacher and student. Every human being strives for self-actualization to develop his potentials. The process of doing so is called learning. And, as with charity, self-actualization begins at home.

Astride the recent push to develop programs for young and/or multihandicapped children will be many teachers with inadequate experience and training — faced with problems that will appear overwhelming. The first year or two can be traumatic, with one devastating crisis after another for the teacher whose philosophy, values, and expectations are shaken.

Little can be predetermined or assumed and the unexpected comes to be expected. Generally, the teacher finds her niche, her way of coping, her style. And hindsight gets a lot of workout.

Probably, the best advice for the new teacher is that given by Shirley Cohen ("How to Alleviate the First-year Shock of Teaching Emotionally Disturbed Children," *The Emotionally Disturbed Child, A Book of Readings*):

1. The teacher will do much better if she understands what (these) children need is someone who can be stable and orderly in the midst of their disorder.

2. The teacher of (young handicapped) children will do much better if she comes to expect the unexpected.

3. The teacher will do better if she expects and accepts little progress in some of the children for the first few months.
4. The teacher will do better if she learns to attend to and understand nonverbal communication, her own as well as the children's.
5. The teacher will do better if she re-examines everything she does in the classroom in the light of the questions, Is this really worthwhile? Is it really a good way to achieve what I intend?

Hopefully, the teacher becomes truly humanistic: genuine, empathic, respectful. This is the person who perceives reality and is comfortable in his or her environment. An acceptance of oneself should lead to respect and esteem for others. It will be necessary to become problem-centered, with a quality for detachment, a need for privacy, an independence and continued growth of one's own potentialities and latent resources. Working with these children can create serious tunnel vision and the loss of perspective for oneself and for the student and his family. It is best not to overidentify with the child's successes and failures, nor to become emotionally swept up into the family's problems, attitudes, biases.

Where the evaluation of one's work is difficult to establish, especially if one is not fortunate to have the strong support of a supervisor, the teacher often goes home with a feeling of complete frustration and despair. The development of a philosophical, unhostile sense of humor seems undestined at times. And the need for creativity, freshness and continuous spontaneity is nowhere more awesome than when working with the child who needs structure, repetition, slow sequential training and a secure sameness of environment.

Goethe says that if we take people as they are, we make them worse. If we treat them as if they were what they ought to be, we help them become what they are capable of becoming. It becomes necessary to think ahead with these children in the subjunctive: what might, what should, what ought to be.

elements in writing behavioral objectives

1. Who is expected to accomplish the learning behavior? teacher? the three-year-old class? boys?
2. What specific behavior is required to demonstrate accomplishments of the objective? Use a statement which tells what the teacher or children will be doing while demonstrating this achievement. Use precise action verbs.
3. What learning outcome or product will be the accomplishment of the objective to be evaluated? This may be the ability of

four-year-olds to walk the balance beam or the skill of a teacher to play ten simple tunes on the autoharp while leading the singing group.

4. Conditions under this terminal behavior will occur should also be detailed. This identifies curriculum materials used, the limits placed on the task, the area in which it takes place, or other basic data.
5. The criterion or standard used to evaluate the accomplishment of the performance should answer questions as to how well the adults or children perform, in terms of a predetermined level. Four out of five 100 percent correct within ten minutes, by the fifth birthday, or something similar, evaluation deals with the worth of something.

Screening and Evaluation of Young Children

Screening, Assessment, Evaluation, Diagnosis

Generally, the teacher receives the child after referral, screening and diagnosis, and decision for placement have been made. The psychologist, physician, psychoeducational diagnostician, or whoever determines placement, will have determined what is *wrong* with child. It will usually be up to the teacher to determine what is *right*. Basic planning should be built around a combination of the child's strengths and weaknesses. The availability and range of screening and testing/evaluative measures have increased rapidly. Many are experimental or research versions; some are just suggested check lists. In essence, they all assume an attitude toward general child development and sequence of growth and learning as presented by Gesell and his coworkers.

It is common for the teacher to keep anecdotal records of the child's behavior and activities. These can be compared with individual plans made for the child on the basis of his prior and current screening, diagnosis and prescription. Anecdotal records also may include parent contacts and reports or conferences or discussions with other professionals and/or agencies concerned with the child. One value of this time-specific notation is the opportunity for judging the child's growth — in whatever area — more objectively. One tends to forget just what transpired earlier in the year. And, when gains are so painstakingly and slowly acquired, it builds the morale to have proof of progress. These reports can be detailed, used with a check list or form, subjective or strictly objective facts.

A word or two of caution. There is a tendency in special education to overemphasize the continued need for some records. A child's behavior, parental problems, unpleasant situations, etc., are recorded and kept for posterity. And the child is sometimes branded and labeled on the basis of a situation which might well be forgotten. Some children develop the "fat folder syndrome." And teachers, administrators and others are awed by the bulk of the reports kept on him, rather than guided by their content. Another matter to be considered is the present accessibility of the child's records: they are open to parental perusal upon request. Therefore, it might seem wise to make a careful deliberation of those details entered into the child's folder.

Basic to good planning is an understanding of children:

How do they learn?

What are their developmental needs?

What are their normal patterns of physical growth?

One learns through imitation and reinforcement. The child then will need good models — peers and elders — and will need praise or reward of those behaviors which we desire as well as a withdrawing of attention for those behaviors which we wish to stop. There are many theories of learning and the teacher generally accepts that one which best suits her own experiences and training.

More important, perhaps, is a recognition of the individual child's learning patterns, his strengths and weaknesses. How does *he* learn? As we watch the young child at play, or in repose, interacting with his environment or solving his problems, we note that he has a pattern of his own. He may need to see things or have them acted out. He may require careful talking out or listening to understand. Some children learn through a frantic trial and error. Others seem to ponder and then act. With them, the trial and error was probably mental. We need to observe the child to discover what confuses or overwhelms him, and how he reacts to this. Occasionally, a child needs to close his eyes to avoid visual confusion. What he sees does not match what he perceives motorically or auditorially. Or, he may cover his ears to shut out a cluttered environment of sounds.

Motivation also is a strong factor in the child's learning. Does he need instant reward and praise? Is he self-stimulated to manipulate objects, to solve problems, to perform some activity? Learning implies an anxiety or curiosity, a need to know. But some children have a low tolerance for anxiety or tension. This child will be less able to try and fail. Another child may need fewer choices; he is confused by choice. He may remember the wrong thing, the incorrect answer. We need sometimes to figuratively crawl inside the young child's mind to understand how *he* learns.

What are his developmental needs? The developmental tasks of infancy and early childhood (0-5), according to R. J. Havighurst, in *Developmental Tasks and Education*, include:

1. learning to walk
2. learning to take solid foods
3. learning to talk
4. learning to control the elimination of body wastes
5. learning sex differences and sexual modesty
6. achieving physiological stability
7. forming simple concepts of social and physical reality
8. learning to relate oneself emotionally to parents, siblings and other people
9. learning to distinguish right and wrong and developing a conscience.

To achieve these, the young child willl need the guidance and support of his elders, his parents and teachers, and his family and friends. In some instances, the child will require actual physical restraint or support and "putting through" of motor acts. Other tasks will presume social outlets and experiences. In all cases, the child will need to be sustained as he develops his sense of worth and sense of self. He requires success.

Development can be splintered in the child. Growth and development will involve motor and sensory-motor aspects, perception, cognition or higher-level thinking, language and communication, emotional and affective growth. While children go through basic levels of development, the pace and sequence is unique to each child. There is a tendency among those working with the very young today to use check lists of behaviors in the various areas and to develop the child's program of learning within a structure of where is he now? and where should he be going next?

One example of this check list approach is the Portage Project (Portage, Wisconsin) and the resultant Portage Guide to Early Learning. This program is designed for children whose mental ages are from birth to five years. Materials have been developed for use in the educational planning of children who are handicapped in one or more areas of growth and development, but can be used as well with children who are functioning normally. The guide includes a check list of behaviors and a card file containing curriculum ideas, which can be used by educators, paraprofessionals and parents. This program is still in the experimental stages, but much study and field testing have been undertaken.

There are other check lists. In most cases, they are composites of various preschool developmental scales and tests, some of which have been carefully standardized, others being based upon experiences and specific needs of the developers. In all instances, a solid understanding of child development is essential. Without such a base, there can be no viable judgment, comparison, diagnosis or prescription. Representative check lists are printed here as suggested approaches to determining the child's individual educational needs. Others, available commercially and including those usable by the "front-line" educator or aide, are listed. This listing is not exhaustive and we shall most likely be seeing a glut of such evaluation instruments within the next few years. They should be used with full recognition of their limitations and their values. They need to be considered as guides, not rigid outlines for educational planning. They offer a perspective which is invaluable when working with the unevenly developed and developing child.

developmental scale for language levels

	receptive language	*expressive language*
6 months	Turns to sound of bell without seeing it	Crows, laughs, makes sounds for pleasure. Imitates sounds — babbling
7 months		Puts two sounds together, like "ma-ma," "bye-bye"
8 months	Responds to "bye-bye" waving "bye-bye"	
10 months		Makes sounds during play
11 months	Adjusts for commands; knows what "come here," "no," "don't touch" means	Says one word to name or describe something — like "mama," "water," "bye"
12 months	Responds to "no," "don't touch"	Two-word speaking vocabulary
15 months		Uses "jargon" and gestures (Jargon is his own make-up language; likes talking to toys)
18 months	Points to nose, eyes, hair	One-word responses include naming, exclamations and greetings. Half of vocabulary is names in speech. Uses initial vowels, consonants (says first sounds of words)

receptive language	*expressive language*
2 years	
Can point to four parts of body when given the name; can point to a few objects by name	One-third of words are nouns
Obey simple commands "give me," "put spoon in cup"	Sentence length 2-3 words; asks to go to toilet by verbal or gesture indication
Can repeat, from memory, 4 words	Refers to self by name. Can tell what just happened
2½ years	
Can tell what you cook on, what you sit on, what is good to eat	Naming objects
Child is able to "put one block on paper"	Three-word simple sentences. Vocabulary consists of ¼ nouns, ¼ verbs and pronouns
Repeats two numbers Can point to more objects by name Can name something in picture Can tell you what burns, what barks, what blows Can give the objects of six actions as what flies, sleeps, bites, scratches, swims	Use of "I" in reference to self
3 years	
Repeats 3 numbers	Uses 3-4-word sentences
Responds to prepositions "put the ball on the chair" "put the box under the table" Can give the use of common objects, i.e., "What do we do with the spoon?" — ans: "eat"	Can tell what happened in more detail Adjectives, adverbs, pronouns, conjunctions increasing in use
	When looking at picture book, the child will answer when asked "what is he doing?"
	Articulation: consonants mastered by b,p,m,
	He knows songs and rhymes

receptive language	*expressive language*
3½ years	
Obeys simple commands "put the book on the table"	Sentence length 4-5 words
Names more things — pictures	Better use of pronouns
Can name more things; when asked, "what do you use to . . .?" (like lock the door) — can give good answer	Articulation: consonants mastered: w,h
4 years	
Can tell what is happening in picture	Sentence length, 4-5 words Pronouns, prepositions, conjunctions are in good use
Memory for sentences: "we are going to buy some candy for mother"	Articulation: consonants mastered: d,t,g,k
Responds appropriately with gesture and words to "what do you do when you are thirsty, sleepy, hungry?" The child carries out requests with four prepositions (in, out, beside, behind, under, in front of)	Compound and complex sentences begin to appear Future and past tense in common use Counts three objects
4½ years	
Repeats four numbers Can follow three commands in order; carries out complex orders in three parts	Parts of speech: 19% nouns, 25% verbs, 15% adjectives, 21% pronouns, 7% ad-Par Consonants: production 90% or more correct Consonant sounds mastered: n, ing
Knows some things that are opposite: like "brother is a boy, sister is a girl"	Sentence length 4-5 words

	receptive language	*expressive language*
5 years	Can give a good answer: "what is a ball?" Memory for sentences: can repeat a sentence of about 7 words	Picks out and names red, yellow, blue, green Sentence length 4-5 words Can tell story correctly Can tell about things and action in picture Can name coins: penny, nickel, dime Articulation: masters consonants f, v
6 years	Vocabulary: can tell what several words mean Child knows the difference between a.m. and p.m. and answers questions "when does afternoon begin?"	Tells more about picture; responds to picture Average sentence length; 6-7 words Says numbers up to thirties
6½ years		Articulation: voiced 1,
7 years	Repeats five numbers Similarities: "in what way are . . . and . . . alike?" Can tell what is silly about something	Girls' speech is quite grown-up
7½ years		Mastered consonant sounds: s,z,r,sh,ch, consonant blends such as bl, dr, tr
8 years	Can tell why some things are alike and some things are different Remembers points of a story Can tell why some things happen such as "what makes a sailboat move?"	Boys' speech is quite grown-up

*From Mental Retardation, Selected Conference Papers, edited by R.C. Scheerenberger, Ph.D. 1969, pp. 83-86.

speech, hearing, language guide

average age	*question*	*average behavior*
3-6 Months	what does he do when you talk to him?	he awakens or quiets to the sound of mother's voice.
	does he react to your voice even when he cannot see you?	he typically turns eyes and head in the direction of source of sound.
7-10 Months	when he can't see what is happening, what does he do when he hears familiar footsteps . . . the dog barking . . . the telephone ringing . . . someone's voice . . . his own name?	he turns his head and shoulders toward familiar sounds, even when he cannot see what is happening; such sounds do not have to be loud to cause him to respond.
11-15 Months	can he point to or find familiar objects or people when he is asked to? Example: "where is Jimmy?" "Find the ball."	he shows his understanding of some words by appropriate behavior; for example, he points to or looks at familiar objects or people, on request.
	does he respond differently to different sounds? does he enjoy listening to some sounds and imitating them?	he jabbers in response to a human voice, is apt to cry when there is thunder, or may frown when he is scolded; imitation indicates that he can hear the sounds and match them with his own sound production.
1½ Years	can he point to parts of his body when you ask him to? Example: "Show me your eyes." "Show me your nose."	some children begin to identify parts of the body. He should be able to show his nose or eyes.
	how many understandable words does he use — words you are sure really mean something?	he should be using a few single words; they are not complete or pronounced perfectly but they are clearly meaningful.

average age	*question*	*average behavior*
2 Years	can he follow simple verbal commands when you are careful not to give him any help, such as looking at the object or pointing in the right direction? Example: "Johnny, get your hat and give it to Daddy." "Debbie, bring me your ball."	he should be able to follow a few simple commands without visual clues.
	does he enjoy being read to? does he point out pictures of familiar objectives in a book when he is asked to? Example: "Show me the baby." "Where's the rabbit?"	most two-year-olds enjoy being "read to" and shown simple pictures in a book or magazine, and they will point out pictures when you ask them to.
	does he use the names of familiar people and things, such as Mommy, milk, ball and hat?	he should be using a variety of everyday words heard in his home and neighborhood.
	what does he call himself?	he refers to himself by name.
	is he beginning to show interest in the sound of radio or TV commercials?	many two-year-olds do show such interest by word or action.
	is he putting a few words together to make little "sentences"? Example: "Go bye-bye car." "Milk all gone."	these "sentences" are not usually complete or grammatically correct.

average age	*question*	*average behavior*
2½ Years	does he know a few rhymes or songs? does he enjoy hearing them?	many children can say or sing short rhymes or songs and enjoy listening to records or to mother singing.
	what does he do when the ice cream man's bell rings, out of his sight, or when a car door or house door closes at a time when someone in the family usually comes home?	if a child has good hearing, and these are events that bring him pleasure, he usually reacts to the sound by running to look or telling someone what he hears.
3 Years	can he show that he understands the meaning of some words besides the names of things? Example: "Make the car go." "Give me your ball." "Put the block in your pocket." "Find the big doll."	he should be able to understand and use some simple verbs, pronouns, prepositions, and adjectives, such as go, me, in, and big.
	can he find you when you call him from another room?	he should be able to locate the source of a sound.
	does he sometimes use complete sentences?	he should be using complete sentences some of the time.
4 Years	can he tell about events that have happened recently?	he should be able to give a connected account of some recent experiences.
	can he carry out two directions? one after the other? Example: "Bobby, find Susie and tell her dinner's ready."	he should be able to carry out a sequence of two simple directions.

5 Years	do neighbors and others outside the family understand most of what he says?	his speech should be intelligible, although some sounds may still be mispronounced.
	can he carry on a conversation with other children or familiar grownups?	most children of this age can carry on a conversation if the vocabulary is within their experience.
	does he begin a sentence with "I" instead of "he"?	he should use some pronouns correctly.
	is his grammar almost as good as his parents?	most of the time, he should match the patterns of grammar used by the adults of his family and neighborhood.

Chart by Mary Wotton Masland, published by Maryland State Department of Education, Division of Instruction, 1972.

Normal Child Development
Piaget's Stage with Approximate Age

I. Sensory-Motor Operations

1. Reflexive (0-1 month)	Simple reflexive activity, such as kicking.
2. Primary Circular Reactions (1-4½ months)	Reflexive behavior becomes elaborated and coordinated, such as eye follows hand movements, begin eye-hand coordination.
3. Secondary Circular Reactions (4½-9 months)	Repeats chance actions to reproduce an interesting change or effect; such as kicks crib, doll shakes so kicks crib again.
4. Coordination of Secondary Schema (9-13 months)	Acts become clearly intentional, such as reaches behind cushion for ball. Distinguishes "me" from "not me." Mental image. Imitates.
5. Tertiary Circular Reactions (12-18 months)	Discovers new ways to obtain desired goal, i.e., pulls pillow nearer in order to get toy resting on it.
6. Invention of New Means through Mental Combination (18-24 months)	Invents new ways and means such as using stick to reach desired object. Engages in thought before doing. Thought precedes language.

Child Development

Age 1

Motor — creeps, walks with support; prehension is precise and well developed, transfers objects

Self-care — cooperates in dressing, removes clothing

Communication — 5-6 words, listens and repeats words, matches actions to words, "Give it to me."

Adaptive Behavior — solitary play, demonstrates growing sensitivity to emotions of others

II.Pre-Operational

Preconceptual (2-4 years) — capable of verbal expressions, but speech is repetitious; frequent egocentric monologues. Uses word to signify object.

Age 2

Motor — Needs to use two hands for most operations. Interested in finer manipulation of play materials, copies circle, runs well.

Self-care — Helps in dressing, washes and dries hands, eats independently.

Communication — names of things, persons, actions, and situations greatly predominate. Average 300-word vocabulary, but uses words unequally. Puts 3 words together.

Adaptive behavior — Very self-centered. Infers causes from observing effects and vice versa. Imitates complex, nonhuman, and absent models. Anticipation and memory.

Age 3

Motor — rides tricycle, copies cross
Self-care — takes responsibility for toilet, dresses without help, spoon is grasped between thumb and forefinger
Communication — nearly 1,000 words; names primary colors; follows 2 or 3 directions; knows age and sex
Adaptive behavior — can match simple forms, common fears, beginning of ability to share. Beginning cooperative rather than parallel play.

2. Intuitive (4-7 years) — Speech becomes socialized; reasoning is egocentric; "to the right" has one meaning — to his right

Age 4

Motor — Draws four-part man, copies square, goes about within block, uses scissors well
Self-care — Can take own bath with verbal prodding, laces shoes
Communication — 1500-2000-word vocabulary, opposite analogies
Adaptive behavior — similarities and differences between pictorial stimuli, considerable rational and even abstract thinking

Age 5

Motor — well-developed gross motor, copies triangles, draws six-part man

Self-care — Plays outdoors safely, blows own nose

Communication — 2200-word vocabulary, language essentially complete in structure and form, defines in terms of use

Adaptive behavior — likes supervision, instruction, asks permission. May sit together but work independently, leave at will

Age 6

Motor — almost constant activity, draws nine-part man, copies vertical diamond, plays group games

Self-care — ties shoes, spreads own bread

Communication — usually acquired all of speech forms used by adult. Begins storing factual information. Learning to reason more correctly, great capacity to pretend, but knows reality.

Adaptive behavior — exasperatingly inconsistent, begins to understand time, past and future, but lives chiefly in the present.

III. Concrete Operations

(7-11) — Mobile and systematic thought organizes and classifies information; is capable of concrete problem solving. Group, classify objects. Fiexibility and reversibility in thought processes.

Age 7

Motor — Grasp releases suddenly, cuts carefully

Self-care — cuts meat, tells time, quarter-hour — makes change

Communication — similarities and differences between two named things, reads and follows signs, questions "why" of cause and time

Adaptive behavior — uses tools to construct, idea of good and bad becoming more abstract, conscientious

Age 8

Motor — Increase of speed and smoothness in fine motor, beginning to draw in perspective

Communication — can verbalize ideas and problems uses language fluently, almost as adult. Beginning to understand cause-and-effect relationship

Adaptive behavior — Collects things. Torn between desire to grow up and remain as he is. Interested in evaluating his performance in relationship with others. Interest in money and acquiring it.

Age 9

Motor — good eye-hand coordination
Self-care — self-sufficient
Communication — written word more or less established as means of communication
Adaptive behavior — relatively well organized, fair, reasonable, dependable, persistent, interest in process and skill

Age 10

Motor — eyes can take close work with little strain
Communication — is eager for factual knowledge and can memorize easily
Adaptive behavior — has developed his own individual personality. Is capable of independent action, strong sense of justice, needs active participation in order to learn.

IV. Formal Operations

(11 years and up) — Can think abstractly, formulate hypotheses, engage in deductive reasoning and check solutions

Age 11

Self-care — tests the situation with poor manners
Communication — uses it as social tool. Becoming aware of language exploitation but may not grasp irony or sarcasm. Similarities between 3 objects.
Adaptive behavior — Interest in own bodies, sex, reproduction. Fairly well established his learning personality. Start of constant two-somes (first real "capacity to love")

Conceptual Development

1 month	Basic sensory motor responses which form the basis for alternatives in future stages.
4-8 months	Intention and means/end relationship are beginning to develop: Child shakes a rattle to hear. Beginnings of object permanence: He looks, for

	a short time, for object removed from field of vision. Puts "motor meaning" to objects. Shakes head at sight of rattle.
8-12 months	Beginning of symbolic meaning — actions to represent object. Overpermanence of objects — Child watches you hide an object in one hand and finds it. Watches while hidden in other hand but looks in first hand. First indication of causality. Applies familiar scheme to new situations.
12-18 months	Negation of overpermanence. Development of space perception modifies familiar schema to fit new perceptions. Trial and error processes begin. Causality — child uses string to pull object to him.
18-24 months	Formulates negative judgment. "Spoon is not a fork." Says *no* on high plane of logic. Object permanence — child looks behind couch for ball that rolled under front.
24-30 months	Understands concepts, *in*, *under*.
3 years	Understands concepts *in front of*, *behind*, *on*. Comparison of lines — can pick out the longest. Verbs — can answer, "Show me sitting." Adjectives — big, little, hard, soft. Can classify objects on the basis of physical attributes.
4 years	Comparison of weights — can find the heaviest. Knows colors. Understands money is for purchasing. Defines objects by their use. Can tell stories without pictures. Can classify on the basis of groups — "These are all animals."
4½ years	Can classify on the basis of function. Can answer "Is it hot in winter."
5 years	Can make aesthetic comparison "Which is pretty?" Can make application of "Many-to-one" but not "one-to-many."
5½ years	Can classify by association — rattle goes with baby. Developing right-left concept.

Fine Motor Development

1 month	Thumb has characteristic curled-in position. Finger movements are not bilateral and simultaneous.
3 months	Disappearance of grasp reflex, no longer are hands tightly closed. Holds rattle voluntarily when it is placed in his hand.
4 months	Thumb doesn't participate in cube prehension. Hands come together as he plays. Plays with rattle placed in hand for prolonged period.
5 months	Approach to objects is two-handed. Grasp is limited to large objects.
6 months	Uses hands to reach, grasp, crumple, bang, and splash. Makes scooping motion with hand in grasping pellet. Opposes thumb in grasping cube.
9 months	Transfers objects from one hand to the other. Uses pincer prehension with one hand in picking up object.
10 months	Begins to release object, lets object go deliberately instead of accidentally.
2 years	Palmar grip giving way to extension of radial fingers toward point of writing instrument. Turns door knob, unscrews lids.
3 years	Aligns fingers in anticipation of plucking object from table without touching table top.
4 years	Holds hand above or to one side so as not to obstruct view of what he builds. Independent use of both hands in building. Improved steadiness of hand, timing and release of objects.
5 years	Prehends in adult manner with two ulnar fingers flexed into palm. Prehends and places object in one continuous movement.

Communication

1 month	Change in pitch — sign of bodily discomfort.
2 months	Babbling begins, coos, gurgles. Reflex activities produce sounds. Lalling — repetition of sounds that the child hears for physical pleasure and auditory stimulation. Cry changes with body state.
5 months	Vocal play.
6 months	Directs sounds and gestures to objects. Intonational pattern with jargon.
7 months	Vocalizes emotional state.
8-12 months	Meaningful attempt at conversation. First word. Understands phrases and wholes. Responds by action to command. Echolalia. 1 word sentences (5-6-word vocabulary)
18 months	Jargon directed at people. 1.5-word sentence.
18-24 months	Understands most linguistic units — not yet separated into word units. Pulls to communicate. Uses one word for many unrelated things — extension of meaning.
24-30 months	Verbalizes simple experiences and emotions. Speech with pointing. Speech has become a tool as well as warning and safety valve. 1.8-word sentence.
30-36 months	Comprehends time words. Uses compound and complex sentence structure and plurals. Questions begin. 3.1-word sentences.
3 years	Says full name. Final consonants appear, sound begins to include blends. Uses 2-word phrases. Asks questions about persons, things, and processes.

3.6 years	Repetitions are frequent. Relates experiences with understanding of sequence. Asks why but not for knowledge.
4 years	Normally fluent. Advancing sentence structure. Alludes to objects, persons, events outside immediate environment.
4.6 years	Reverses order of sound. Spontaneous grammar correction.
5 years	Relates fanciful tales and present and past events. Language becomes symbolic. Uses all basic sentence structures. 4-5-word sentence length. Counts to 10, knows age, name, primary colors.

Gross Motor

8 weeks	Readily lifts chin in prone position.
12 weeks	Raises head and shoulders with forearms.
16 weeks	Holds head up when sitting supported.
20 weeks	Rolls over on side in supine position. Sits supported in high chair.
32 weeks	Begins to sit unsupported. Can support entire weight on legs for short period.
36 weeks	Sits steadily unsupported for a long time. Raises body to crawling position and may crawl backwards.
40 weeks	Pulls self to sitting and standing positions.
44 weeks	Crawls forward with abdomen off the floor.
48 weeks	Can turn and pick up object while sitting. Walks sideways using support or forward with two hands held. Lowers body from standing to sitting by holding on to support.
13 months	Stands alone.
15 months	Stands self up without using support. Creeps upstairs.

Less than 1 year — 18 months	Walks alone with immature gait.
18 months	Climbs stairs holding rail. Goes down stairs creeping backwards. Pulls and pushes toys while walking. Can throw ball without falling.
21 months	Walks backwards. Begins to run and jump.
2 years	Walks up and down steps alone, 2 feet per step. Can kick a ball.
2½ years	Walks on tiptoe. Jumps down with both feet.
3 years	Can stand on one foot for a few seconds. Jumps off floor with feet together. Goes upstairs with one foot per step. Catches large ball with arms out straight. Rides tricycle.
4 years	Hops on one foot. Runs, stops, starts, turns. Can carry a cup of water without spilling it. Catches large ball with arms flexed at elbows.
5 years	Skips with both feet. Marches in time to music. Has body shift when throwing a ball.

Perceptual Development

1 month	Follows horizontal movement of light or bright object to midline in an arc no greater than 90 degrees. Responds to loud noises by crying or startling (newborn) Quieted and reduced activity level by approaching sounds (1 month)
2 months	Eyes fixate, converge and focus. Long waves (red, orange, yellow) are perceived first. Follows vertical movement. Accepts loud noises as part of environment — doesn't react violently.

4 months	Looks intently at objects in hand or in front of him. Responds massively (head, shoulders and arms) to an object dangling in front of eyes. Lateral head and eye movement in search of sound (beginning of localizing response) Hands together at midline.
6 months	Fixates where object disappears. Localizes sound by moving head and eyes laterally and upward.
7 months	Looks for fallen object. Finds partially hidden object. Localizes sound by moving head and eyes in sweeping arc to source. Unidextrous approach. Transfers object from hand to hand.
9 months	Can pick up string or object the size of a currant between finger and thumb.
10 months	Looks around corner for object. Imitates gestures (waving bye-bye) and facial expressions.
1 year	Perceives roundness, puts finger or rod in round hole. Places objects in container. Pincer grasp of small object. Palmer hold of crayon.
1½ years	Shows interest in pictures and can identify objects in pictures. Can build vertical tower of 2-3 blocks. Matches round block to round hole and either a square or triangle. Imitates vertical stroke. Responds to two simple commands. Can point to own body parts (2-3). Imitates mother's common chores. Scribbles spontaneously.
2 years	Increases visual memory span — looks for missing toys, recalls events of previous day. Can select object named from group of objects or pictures. Matches mounted colors (red, yellow, green, blue) with 45% right. Builds vertical tower of 6 blocks. Builds 3 blocks horizontally.

	Imitates horizontal stroke. Listens to stories. Repeats 3-4-syllable sentences. Repeats 2 digits in one of three trials.
3 years	Puts two halves of pictures together even when rotated 180 degrees. Builds tower of 9-10 blocks with increased command of vertical movements. Imitates building of bridge, i.e., horizontal and vertical. Matches forms by inserting circle, square and triangle in cut-out forms even with reversal of position. Repeats three digits, out of rote sequence, one out of three trials. Can make a choice of two alternatives.
4 years	Can supply 3 missing parts to a drawing of an incomplete man. Makes comparative size discriminations consecutively. Discriminates length of lines regardless of orientation. Can match eight of ten forms. Traces diamond shape between 2 parallel lines. Copies circle more accurately, with ends joining. Copies cross. Uses plurals. Counts, pointing to 3 objects (concepts to 2). Repeats 12-13 syllable sentences. Repeats 3 digits, three out of three trials. Discriminates noisemakers. Matches sound blocks by loudness.
5 years	Perceives details visually and asks about it. Puts diagonals together: 2 triangles to make a rectangle. Matches 10 forms. Copies square and triangle. Can insert sequence of nesting cups. Names four colors. Carries a melody. Follows and repeats sequence of a story. Claps to rhythm of song or drum. Perceived detail auditorially — selects a word from a sentence and asks about it. Repeats 4 digits, 3 out of 3 trials. Can grade sound blocks by loudness.

6 years	Copies diamonds and rectangles. Repeats five digits.

Social Development

12 weeks	Knows mother and recognizes her. Enjoys evening play with father.
16 weeks	Spontaneous social smile — laughs aloud.
20 weeks	Cries when someone leaves him.
24 weeks	Smiles and vocalizes at mirror image. Discriminates strangers.
28 weeks	Gravitates towards familiar persons for companionship.
32 weeks	Withdraws from strangers.
40 weeks	Waves bye-bye and pat-a-cakes.
44 weeks	Drops objects deliberately so that they will be retrieved.
52 weeks	Gives object to another on request. Anticipates body movements when nursery rhyme is being said.
18 months	Hugs and shows affection toward doll or teddy bear. Plays near other children, not directly with them.
21 months	Mimics household chores.
24 months	Can call himself by his own name. Calls all men and women *Mommies* and *Daddies*. Cannot play with more than one child without direct supervision.
30 months	Calls women *Women* and men *Man*. Knows he is a boy, like father, and that he is different from girls and mothers. Says, "I need," "I don't like."
36 months	Can tell difference between boys and girls but makes no distinction in his play.
42 months	Interest in marriage and marrying. Imaginary playmates. Child plays the role of animals.

48 months	Plays well with 1 child or in supervised group. Tendency in play groups for a division along sex lines. Beginning of strong feeling for family and home.
54 months	Capable of playing in small groups without supervision.
60 months	Shows ability to delay gratification.
72 months	Beginning of value judgments about his own behavior, setting up standards for himself.

Emotional Development

4 weeks	Emotional response of distress begins.
6 weeks	Smiles at mother in response to overtures.
12 weeks	Babbles when spoken to.
16 weeks	Laughs aloud, smiles and sobers.
20 weeks	Emotional responses becoming relative to specific situations.
24 weeks	Stretches arms out to be taken. Fear response to loss of support; sudden loud noises.
28 weeks	Plays peek-a-boo with mother. Responds to name. Pats image of self in mirror. Distress differentiates into more specific responses of fear, disgust, anger. Delight differentiates into an elation, affection.
9-10 months	Stranger response, shows distrust. Accepts new solid food. Sleeps through the night.
1 year	Aggressive interaction with environment begins. Willfully disobedient. Expressions of fear, anger, affection, anxiety and sympathy congruent with situations evoking them. Distinguishes between you and me.
2 years	Separates reality from mother when handled properly. Curious and busy.

	Uses I, me, you. Emotional arousal sudden, intense, brief — temper tantrums.
3 years	Shows sympathy in response to bandages, crying, accidents. Develops jealousy toward siblings. May rage at difficulties he experiences in dressing. Fear of dark, bugs, and strange situations like nursery school. Sacrifice immediate satisfaction on promise of later privilege.
4 years	Genital fixation and exploration, likes to go to the bathroom with others to satisfy his curiosity. Aware of attitudes of peers. Shares possessions. Fabricates, alibis, rationalizes.
5 years	Sensitive to social situations, aware of status, feels shame if he doesn't live up to his own expectations or others. Accomplished in wielding tools and meaningful toys. Loyal to playmates and devoted to teacher. Proud of school accomplishments, satisfied with artistic production. Sparked into increased activity by rivalry.

DEVELOPMENTAL SEQUENCE

Self-Help Skills

6 months	Holds bottle.
7 months	Feeds self biscuit. Chews food.
15 months	Cooperates in dressing by extending arm or leg. Grasps spoon and inserts into dish. Holds cup with digital grasp but apt to tip it too quickly. Bowel control with frequent accidents. Does not indicate toilet needs but does indicate wet pants. Helps turn book pages.
18 months	Fills spoon and feeds self in part; spills much.

	Lifts cup to mouth and drinks well. Hands empty cup to mother. Toilet regulated in daytime — both bowel and bladder. Can take off mittens, hat and socks. Can unzip zippers. Tries to put on shoes.
21 months	Handles cup with ease, lifting, drinking and replacing. Asks for food, toilet, and drink by gesture or word.
2 years	Inhibits turning of spoon, still needs help in feeding. Holds small glass in one hand as he drinks. Dry at night if taken up at least once. Verbalizes toilet needs consistently. Pulls on simple garments, finds large armholes and thrusts arms into them. Can remove shoes if laces are untied.
2½ years	Little spilling in self-feeding. Puts things away. Tends toilet without help except for wiping.
3 years	Pours well from a pitcher. Puts on shoes. Unbuttons front and side buttons by pushing them through buttonholes. Washes and dries hands.
3½ years	Puts away toys with some supervision. Washes and dries hands and face.
4 years	Brushes teeth. Dresses and undresses if lightly supervised. Distinguishes front and back of clothes and puts on correctly. Laces shoes. Likes to serve self at table. Rarely needs assistance to complete a meal. Goes to bathroom himself and manages clothes without difficulty. Puts away toys by himself. Goes on errands outside of home.
5 years	Can safely cross streets if not too hazardous and can help a younger child to cross street.
6 years	Ties shoe laces.

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Language and Learning Disorders of the Pre-Academic Child — Tina Bangs, Appleton-Century-Crofts

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Parents of the Young Handicapped

The teacher of young handicapped children should be very slow to judge the parents. Parental feelings have not been as empathically recognized and accepted as one would expect in light of the great stress upon parental involvement in the educational program. Many parents are faced with "chronic sorrow," as Simon Olshansky describes it. There is guilt and resentment at having been burdened with the handicapped child, ambivalence, and often displacement of these feelings, as overprotectiveness, criticism of the school and the child's program, sometimes even a death wish. Or jealousy toward the teacher who can handle the child better than they. This problem of emotional overlay among parents and teachers needs to be recognized, ventilated if possible, accepted as part of the whole picture. Teachers often become deeply involved with the developmentally delayed, vulnerable, dependent child — becoming a surrogate parent, teaching the child basic habits such as eating, toileting, dressing, walking. There can be conscious or unconscious rivalry and resentment — between parent and teacher, between teacher and other staff members. Sometimes the child recognizes and uses this situation to play one against the other.

Behavior management, operant conditioning, behavior mod — all forms of training and teaching — require an agreement and mutual involvement between parent and school. The young child, whose behavior is to be altered, needs consistency, reinforcement, recognition, or the program will be without value despite the cooperative efforts of all.

The approach of the behaviorists can be simple: reward of a piece of candy or a hug when the child does a good job, or complex: charting behaviors over periods of time, determining antecedent behaviors, patterns, target behavior, reinforcement, etc. Basically, it is the recognition of those actions which one wishes to continue and ignoring the unwanted behaviors. The child will continue any activity which brings him pleasure — whether this be candy, a smile, a pat or a token, or just attention.

The best program of behavior mod is that which works; it varies with the teacher and with the child, sometimes with the situation. It is a constant reminder to the child of society's expectations of him.

Parent Involvement

Much is said about the import and importance of parent involvement in early childhood education and early intervention in special education. The young handicapped child has not been exposed to the demands of society and has not been spotted as a result of his failure to measure up to the standards of our educational regimen. His problems are inherited, inherent, traumatic, developmental. And the parental feelings of guilt, insecurity, anger, bewilderment, etc., have been well documented. But another feeling is often visited upon the parents of the severely handicapped, especially the child who is mentally retarded and/or multiply handicapped. The most sensitive treatment of this pervasive psychological reaction comes from Simon Olshansky, who wrote many years ago of "Chronic Sorrow: A Reponse to Having a Mentally Defective Child."

Olshansky maintains that this chronic sorrow is not always recognized and seldom is considered in the counseling and therapy of the family. He feels that the phenomenon is at times masked by the parent, even denied by him, because of our cultural pressure upon saving face, putting up a good front. Rather than denying the child's serious handicap, as is contended, Olshansky says that the parent of the handicapped faces a harsh reality of accepting a situation which will really not be cured or cleared away or lessened despite the massive efforts of medicine, psychology, education. Those who work with parents are not always aware of what they are asking the parent to do in accepting. The parent is equally confused as to what he is being asked to do. The parent is not always realistic in his attitude and in his efforts to help the child. Perhaps his very unrealistic attitude is necessary to carry him through the terrible reality which faces him daily: the unabated dependency, the changelessness, the often unesthetic quality of the handicap, the "deep symbolism buried in the process of giving birth to a defective child." The chronic sorrow should be accepted as natural rather than neurotic in the parent; he needs support in the legitimacy of his feelings. Counseling belongs to the fields of psychology and social work, but the teacher should recognize the deep anguish and chronic sorrow which pervades the parents' lives. This acceptance and understanding will not disallow a need to face up to particular everyday problems, needs for cooperation and involvement, mutual efforts to help the child. But the ventilation allowed the parents cannot be overlooked as basic and mandatory.

Even parents of mildly handicapped, whose children do not have the stigmata, the cosmetic impairments and the poor prognoses, will have a dread, fear and an anxiety that must needs be recognized and dealt with gently and sensitively by the teacher. The parent is seldom unwilling to help; those who do rebel are either afraid of further failure or do not fully understand the role of the school. Schools have been mandated to provide many services that once were the realm of the home, church and neighborhood. Many persons are not yet willing to relinquish this responsibility.

check list for parent conferences

. . . did you let the parents talk about whatever they chose?

. . . did you remain an acceptant listener?

. . . did you remember that you need not ask questions to get at the important issues?

. . . when you made comments, did you talk in terms of the parents' feelings, rather than about what he is doing?

. . . were you able to restrain yourself from giving advice?

. . . did you remember that suggestions are usually nothing more than advice under a different guise?

. . . if you did offer suggestions, did you provide more than one, so the parents had options?

. . . did the parents do most of the talking?

. . . were you able to restate to the parent the feelings just expressed?

. . . did you listen? furthermore, did you listen because you really cared?

Just as young handicapped children have many commonalities and many unique and specific needs, so will their parents. In fact, it is difficult to envision the young child without juxtaposing his family and their roles — individual and group — onto the picture.

These parents will have rights and responsibilities. They will not always be ready to or capable of determining and exercising these. The impact of a handicapped child upon the family will differ greatly. Some families seem to grow closer and stronger. Others disintegrate or become overwhelmed by the prospects and problems. And others may be almost unaware of the significance and implications of their child's problem — or they deny the situation. There may be blame-setting, guilt, confusion. Emotionally disturbed children could be the products or victims — or causes — of a sick family. The parents are not always "ready" to be helped in caring for the learning and training needs of the child, especially if the child is so crippled, retarded or behaviorally disturbed that the chances for normalcy appear slim. These families will need guidance, counsel, acceptance. But they may not be able to let you offer this help at first.

It is often best to avoid further threat to the already threatened and frightened parent — who may feel both helpless but resentful of the school's (or agency's) interventions, well-meaning as this intervention may be. And there are limits of intervention, as some parents are proclaiming "loud and clear."

The parent may wish to visit the class or school prior to his child's entrance. A home visit by the teacher and/or other staff can indicate interest and allay fears. In some cases, children visit the class several times before the final enrollment. Whether or not the parent stays with the child in the class is an individual matter. One child may need the support. Another needs the apron strings cut quickly.

Parents — whether they stay on as volunteers or observers, or send their children alone, should feel free to contact the school as often as is necessary, to share notes and interests, to ask questions, to air concerns and complaints. If parents do not initiate the communication, the teacher will need to maintain open lines, to avoid just the "bad" news being shared by both parties.

Parent "groups" are often suggested and such groups can be most effective if properly motivated and utilized. But such gatherings can become parent "gripes" and a contagious air of criticism and malcontent is destructive, devoid of value to child, family or teacher. The most effective approach would allow the parents' group to be an extension of the child's educational program, with staff and families learning from and with one another, providing mutual guidance and support and encouragement.

Parental involvement can vary from the cooperative organization of some families who actually "run" the educational center, sharing costs, responsibilities, authority and efforts, to programs which pay for baby-sitters to encourage and make possible the parent attendance at meetings. Some programs require parental involvement if the child is to have access to treatment. This may include parent observation, attendance at training sessions, parent participation in therapy, or parent as educator or aide. In some cases, the parents must donate so much time per week to maintenance of the facility. While this plan of involvement makes for an effective and strong program, it does exclude those children who need help, perhaps even more so, as their parents are unable, unavailable, or unwilling to take part in the educational program or activities.

Some parents will wish to learn all they can about the handicap which has brought their child into the program, or about their rights and responsibilities. They will ask for books and pamphlets, films, filmstrips and other mediated sources of information. They may wish to meet with experts in various fields of education, medicine, legislation, for information and guidance. Levels of sophistication will vary widely, and some parents will grow in their knowledge, their acceptance and their desires to help other children as well as their own.

Parents may be organized around a school program or ally themselves with a district-wide parent group. Some join state or national organizations, such as Aid to Retarded Children (Citizens), United Cerebral Palsy, Association for Children with Learning Disabilities, National Society for Autistic Children. These parent groups have been instrumental and catalytic in legislation, education, research, and community efforts to meet the needs of the child and his family. The listing of services included in this book is specific to Illinois, but this type of availability of formal and informal groups serving the needs of these handicapped persons will be duplicated throughout the country.

Illinois Services for Exceptional Children

AGENCY: The Association for Family Living

ADDRESS: 32 W. Randolph
Chicago, Illinois 60601

PHONE: 782-9844

CONTACT PERSON: Director

SERVICES OFFERED: The Association was established to provide, as a social service, parent education designed to help parents to rear emotionally healthy children, and personal counseling on a free basis to assist families and individuals with social or psychological problems. Offers a series of discussion and informal courses of study for lay and professional people through lectures and institutes. Serves newcomers in the poorer Chicago area through a home economist and a social worker, without fee. Maintains a library of literature in the field.

ELIGIBILITY: Any person in need may use the services of the Association. Membership open to all interested young people, parents, teachers, social workers, and others in related fields.

COST: Some services are free, although many of the written materials have a slight cost. Professional services are billed on a sliding scale.

FUNDING: Supported by donations, membership dues, and fees for professional services.

AGENCY: Association of Rehabilitation Centers, Inc.

ADDRESS: 828 Davis Street
Evanston, Illinois 60201

PHONE: 869-0390

CONTACT PERSON: Executive Director

SERVICES OFFERED: Established to provide rehabilitation centers and facilities with opportunities for mutual consultation, study, and exchange of ideas and experiences; to provide a basis for unity and common action; to cooperate with other professional associations and agencies in the advancement of the rehabilitation of handicapped and disabled persons. Provides educational programs for executives and professional persons in rehabilitation centers. Represents interests and contributions of rehabilitation centers to health programs in association with public and private national health agencies and related professional groups.

ELIGIBILITY: Especially those in the field of rehabilitation who desire further knowledge, and also those who desire information necessary in the functioning of a rehabilitation center.

COST: Varies by program.

FUNDING: Supported by membership dues and grants.

AGENCY: Catholic Charities

ADDRESS: Chicago Branch Only
Chicago Diocese
654 W. Randolph
Chicago, Illinois

CONTACT PERSON: Diocesan Director

SERVICES OFFERED: The agency offers both family and children's services. Counseling, casework, and financial assistance is given to families. Services are extended to the dependent, neglected, and delinquent child through casework, foster home placement, institutional care, and guardianship.

ELIGIBILITY: Services are offered principally to Catholics and to others who desire them regardless of race, religious affiliation, or economic status.

COST: None if a family cannot pay. Sliding scale.

FUNDING: Financed by the United Fund, the Community Chest, Diocese, and donations.

AGENCY: Chicago Lighthouse for the Blind

ADDRESS: 185 West Roosevelt Road
Chicago, Illinois 60608

PHONE: 312—666-1331

CONTACT PERSON: Director

SERVICES OFFERED: Serves Chicago and Northwest Indiana. Supported by workshop sales, contribution, fees and endowment. Offers evaluation, prevocational and vocational training, placement and follow-up. Operates workshop. Provides rehabilitation services in Orientation/Mobility, home mechanics, personal management and communications. Offers consultation and referral services, group work, recreational program, psychological testing, and volunteer aid. Has low vision clinic.

AGENCY: Department of Children and Family Services

ADDRESS: 524 South Second Street
Springfield, Illinois

PHONE: 217—782-7615

CONTACT PERSON: Director — Dr. Jerome Miller

SERVICES OFFERED: *Division of Education and Rehabilitation Services*

Chief: Lee Iverson
524 South 2nd Street
Springfield, Illinois
Telephone: 782-4800

Illinois School for the Deaf

Eligibility:
1) Ages four to eighteen
2) Illinois resident
3) Hearing impaired to such an extent that he is unable to progress in special education program of local school.
4) Learning potential is such that he can be expected to become at least partially self-supporting as an adult.
5) Ambulatory

Admission:
1) Each child is admitted on a trial basis
2) Remains as long as he is benefiting from the program and provided that better plans for education and training cannot be made away from school.

Expense:
1) Family pays for child's clothing, laundry, transportation costs to and from school, school activity fee, hearing aid repairs, extraordinary medical expenses plus spending money.
2) State pays educational costs

Services:
1) Specially designed residential education program for a nine-month school term
    a) Kindergarten
    b) Primary
    c) High School
    d) Prevocational training
    e) Special unit for multiply handicapped
2) Parent-pupil tutoring
    a) Weekly (one hour per) for families near Jacksonville
    b) Monthly (two days) for farther away
3) Semiannual dental examination
4) Recreational service
5) Individual and group counseling
6) Psychiatric consultation and diagnostic services

Illinois Braille and Sight Saving School (Jacksonville)

Eligibility:
1) Educable children
2) Illinois residents
3) Visually Impaired

4) Reasonably proficient in self-care and the daily activities of living
Admission: 1) By parent or guardian
2) Through nearest district office or directly to the school
Services: 1) Educational program
    a) Kindergarten-high school
    b) Special services department
2) Recreational

Illinois Children's Hospital School (Chicago)
Eligibility: 1) Children with an orthopedic handicap so severe that their needs cannot be met in the home community or through existing resources.
2) Ages five to twenty-one
3) Educable to continue in the programs
Admission: 1) Application by parent or guardian
2) Committee review and approval
3) 90-day probationary period is offered each new student, then reevaluation
Services: 1) Small group or individual educational plans
2) Recreational and social activities
Cost: 1) Family must pay for clothing, laundry, transportation and incidental items.
2) State pays educational costs

Visually Handicapped Services

Chief:
160 North LaSalle Street Rm. 1700
Chicago, Illinois Phone: 2400

Regional Offices:
Aurora, Champaign, Chicago, East St. Louis, Murphysboro, Peoria, Rockford

Eligibility: 1) No age limitation
2) Eye examination confirming person's severe visual loss
    a) So severe that one cannot carry on the ordinary activities of employment or daily living
    b) Inability to read ordinary print for any length of time and at a reasonable distance
3) Talking Book Service to physically handicapped persons
Services: 1) Rehabilitation/Home Teachers
    a) Reeducation in basic reading and writing skills

    - b) Home-making skills (cooking, simple repairs, maintenance)
- 2) Talking Book Program
    - a) Distributes
    - b) Repairs
    - c) Rehabilitation teachers process application
    - d) Rehabilitation teachers arrange for registration with the library
- 3) Orientation and Mobility
- 4) Visually Handicapped Institute
    - a) Intensive residential rehabilitation program
    - b) Process is through rehabilitation teachers
- 5) Consultative Services
    - a) Agencies
    - b) Schools
    - c) Individuals

Referral System:
Applications for service may be made at any field office of Department of Children and Family Services.

AGENCY: Department of Registration and Education

ADDRESS: 628 East Adams
Springfield, Illinois

PHONE: 217-782-4624
CONTACT PERSON: Director — Dean Barringer

SERVICES OFFERED:
The Illinois Physical Therapy Registration Act
Illinois Revised Statutes 1969; Chapter 91, Section 22.1-22.29

Definition: Physical Therapy means the treatment of a human being by the use of exercise, massage, heat or cold, air, light, water, electricity or sound, for the purpose of correcting of alleviating any physical or mental condition or preventing the development of any physical or mental disability, or the performance of tests as an aid to the diagnosis or treatment of any human condition, provided, however, that physical therapy shall not include radiology or electrosurgery

Requirements to obtain certificate of registration:
- 1) 20 years old
- 2) U.S. citizen
- 3) Good moral character and temperate habits
- 4) High School degree

5) Either:
    a) 60 semester hours in an approved college or university
    b) Graduated from an approved school of physical education
    c) Graduated from an approved school of nursing
    d) Completed an approved course in physical therapy
6) Passed an examination conducted to determine his fitness for practice as a physical therapist.

Procedures:

1) Apply to department in writing on appropriate forms
2) Pay required fee ($35.00)
3) May, at its discretion, have reciprocity with physical therapist registered in another state, territory, or country. ($35.00)
4) Renew certificate annually ($7.50)

Illinois Nursing Act

Illinois Revised Statutes 1967, Chapter 91, Section 35.32-36

Registered professional nurse

1) At least 18
2) U.S. citizen
3) High School degree or equivalent
4) Completed required approved professional nursing program and graduated same
5) Passed Department Examination

Licensed practical nurse:

1) At least 19
2) U.S. citizen
3) Completed a two-year course of study in an approved high school or equivalent
4) Completed the educational program prescribed by the Department in an approved school for practical nursing
5) Passed an exam of the Department

Procedure:

1) Apply to Department in writing
2) Examination of applicants

Illinois Psychologist Registration Act

Illinois Revised Statutes, 1967, Chapter 91½, Section 401-427

The practice of psychology is defined as the application of established principles of learning, motivation, perception, thinking and emotional relationships to problems of behavior adjustment, evaluation of persons, and group relations, by persons trained in psychology. The application of said principles includes, but is not restricted to, counseling and the use of psychological remedial measures with persons or groups having adjustment or emotional problems in the areas of work, family, school and personal relationships, measuring and testing of personality, intelligence, aptitudes . . .

Eligibility:

a) At least 21
b) Of good moral character
c) U.S. citizen
d) Received doctoral degree in psychology from an approved institution
e) At least two years of satisfactory professional experience
f) Passed an examination
g) Annual renewal of certificate

Illinois Social Workers Registration Act

Illinois Revised Statutes 1967, Chapter 23, Section 5301-5320

Social worker means any person who is paid, whether on a full-time or part-time basis, to render social services to individuals, groups or communities in any one or more of the fields of social casework, social group work, community organization for social welfare, social work research, social welfare administration or social work education.

Eligibility:

1) Be at least 21
2) U.S. citizen
3) File a verified application with personal and educational data
4) Pass examination
5) Eligible as a social worker to an applicant who has an undergraduate degree from a 4-year college or university, currently employed in this field and at least two years' experience.

AGENCY: Department of Revenue

ADDRESS: 1901 South 11th
Springfield, Illinois

PHONE: 217-782-3336

CONTACT PERSON: Director

SERVICES OFFERED: Claim exemptions as on the federal income tax form

ELIGIBILITY:

Disability deduction for the handicapped same as federal income tax

AGENCY: Diabetes Association of Greater Chicago

ADDRESS: 620 N. Michigan Avenue
Chicago, Illinois 60611

CONTACT PERSON: Executive Secretary

SERVICES OFFERED: This Association sponsors summer camp for diabetic boys and girls, ages 8 to 14 years; promotes the acquisition and dissemination of information regarding diabetes; develops educational methods designed to give diabetic children and parents a better understanding of the disease.

ELIGIBILITY: Any diabetic person.

COST: Sliding Scale

FUNDING: Membership dues and contributions.

AGENCY: University of Illinois, Division of Services for Crippled Children

ADDRESS: 540 Iles Park Place
Springfield, Illinois 62718

PHONE: 782-7001

CONTACT PERSON: Director — Dr. Edward Lis

SERVICES OFFERED:
1) Diagnosis
2) Consultation
3) Hospital/medical care
4) Convalescent care
5) Arrangements for home follow-up services by public health nurses and medical social workers
6) Therapy-speech and hearing; physical; occupational
7) Assistive appliances (braces, limbs, hearing aids)

Will pay for the above services to the extent that the family resources cannot meet this obligation.

Procedures:
1) Diagnostic clinic examination-appointments issued by Division office personnel
2) Examination by orthopedic and pediatric specialists; complete speech and language evaluation
3) Division nursing consultant or medical social worker talks over the clinic finding with patient/parents

Services prohibited:
1) Binaural hearing aids
2) Glasses

Overlap

Eligibility:
1) Those under 21
2) Those who, with their parents or guardians, are living in Illinois and are in need of financial assistance to obtain proper medical care
3) Those with an illness or handicap* which will respond to treatment directed toward prevention or reasonable improvement of a handicapping condition

Type of exceptionality served:
1) Orthopedic conditions (polio, clubfoot . . .)
2) Rheumatic fever/diseases/deformities of the heart
3) Congenital and acquired defects which respond to plastic surgery
4) Speech defects associated with organic conditions
5) Hearing loss and deafness
6) Cystic fibrosis
7) PKU (phenylketonuria)

AGENCY: Division of Vocational and Technical Education

ADDRESS: 1035 Outer Park Drive
Springfield, Illinois

PHONE: 782-4870

CONTACT PERSON: Director-Sherwood Dees

SERVICES OFFERED: Funding . . . (reimbursement currently based upon priority listing of programs and/or courses for differential costs and manpower needs)

Regional Offices: Curriculum Center — 216 East Monroe

Responsibilities:
1) Assist local schools in developing and maintaining comprehensive cooperative vocational education programs.
2) Develop and actively support programs of preservice and inservice education and training for teachers and teacher-coordinators of vocational education programs.
3) Establish and maintain procedures for approval of local programs in vocational education.
4) Develop and maintain policies for using State and Federal funds to support local programs of vocational education.

AGENCY: Division of Vocational Rehabilitation

ADDRESS: 623 East Adams
Springfield, Illinois 62706

PHONE: 782-2002

CONTACT PERSON: Director-

SERVICES OFFERED:

1) Artificial limb
2) Braces and orthopedic devices
3) Clinic evaluations (provided, when necessary)
4) Dental extractions and dentures (no general care)
5) Medical diagnosis and evaluation
6) Work evaluation
7) Eye glasses (after an eye examination)
8) Guidance and counseling
9) Hearing aid (may require hearing aid clinic evaluation)
10) Hospitalization (to carry out recommended program)
11) Interpreter service (while in training programs or as temporarily required)
12) Occupational licenses
13) Maintenance (Room and Board while in a rehabilitation program)
14) Placement
15) Psychiatric Examination
16) Reader service (while in training program)
17) Social worker diagnostic service
18) Social worker vocational rehabilitation service
19) Initial stocks and supplies; tools and equipment basics for a business enterprise
20) Surgery or medical treatment (when treatment will reduce or eliminate the handicap, with fair or better prognosis).
Not for acute or emergency conditions.
21) Occupational therapy
22) Physical therapy
23) Speech therapy
24) Auditory training
25) Tuition training (on the job prevocational, personal, social college . . .)
26) Gait training (train or retrain amputees)
27) Transportation
28) Wheel chairs

Other goods and services provided when needed to prepare an individual for work.

ELIGIBILITY:

a) Existence of a substantial vocational handicap imposed by a physical or mental disability
b) Reasonable expectation that the services will render the individual fit to engage in an occupation
c) Expenses already incurred are not reimbursable

Age:
Of or near employable age. No maximum age, as long as there is reasonable chance to become employable

Provision of Services:
All services are purchased from existing public and private sources.

Referral system:
Through district or Central office

District offices: Alton, Anna, Aurora, Belleville, Benton, Champaign, Bloomington, Carbondale, Chicago (3), Chicago Heights, Danville, Decatur, DeKalb, East St. Louis, Galesburg, Glen Ellyn, Greenville, Gurnee, Harrisburg Jacksonville, Joliet, Kankakee, LaSalle, Macomb, Mt. Prospect, Mt. Vernon, Olney, Peoria, Quincy, Rock Falls, Rockford, Rock Island, Shelbyville, Springfield.

AGENCY: Dyslexia Memorial Institute, Inc.

ADDRESS: Michigan Avenue, Hospital
1439 Michigan Avenue
Chicago, Illinois 60605

PHONE: 427-6185

SERVICES OFFERED: The Institute attempts to diagnose and treat individuals of normal or better intelligence who have reading difficulties. The program includes casework, psychiatric consultation, psychological evaluation, testing, physical evaluation, and consultation, group psychotherapy, teaching and counseling in school subjects, eye, ear, nose and throat care, speech correction.

ELIGIBILITY: Children and adolescents are served principally, but adults are often accepted.

COST: $50.00 per quarter but no charge for patients unable to pay.

FUNDING: Fees and individual donations.

AGENCY: Fund for Perceptually Handicapped Children, Inc.

ADDRESS: Box 656
Evanston, Illinois

PHONE: 475-5582

SERVICES OFFERED: This organization functions primarily as a parent and professional organization which tries to promote an understanding of perceptually handicapped children. They attempt to improve the education and general welfare of children with perceptual handicaps.

ELIGIBILITY: Any interested person.

FUNDING: Membership dues and contributions.

AGENCY: Governor's Committee on Employment of the Handicapped

ADDRESS: 188 W. Randolph Street
Room 2800
Chicago, Illinois 60601

CONTACT PERSON: Executive Director

SERVICES OFFERED: This is the Illinois affiliate of the President's Committee on Employment of the Handicapped. The services are the same as the President's Committee.

AGENCY: Hope School for the Blind Multiply Handicapped Children

ADDRESS: Hazel Lane, R.R. No. 3
Springfield, Illinois 62707

PHONE: 217-529-5537

CONTACT PERSON: James Meyers, Director

SERVICES OFFERED: Provides education and training services for multiply handicapped blind children ages 4 through 18 from throughout the U.S. Has a unit for deaf-blind children. Tuition based on ability to pay.

EXCEPTIONS: Does not accept totally nonambulatory or uncontrolled epileptic children

AGENCY: Illinois Association for the Crippled
The Easter Seal Society in Illinois

ADDRESS: 2715 S. 4th Street
Post Office Box 1767
Springfield, Illinois 62705

PHONE: 528-1822

CONTACT PERSON: Thomas Shrewsbury
Executive Secretary

SERVICES OFFERED: Consultation, standards, inservice training, scholarships, direct service to crippled children through local branches, out-patient treatment centers, residential camping, transportation to clinics, and hospital loan services for equipment.

ELIGIBILITY: Any crippled child or adult.

COST: Sliding scale

FUNDING: Fees and donations.

AGENCY: Illinois Commission on Children

ADDRESS: Myers Building, Room 1010
101 South Fifth Street
Springfield, Illinois 62701

PHONE: (217) 782-7833

CONTACT PERSON: Executive Director

SERVICES OFFERED: The Commission advises and makes reports to state and private bodies concerning the protection, growth, and development of children. They promote adequate educational services and training programs for children, including exceptional children in all parts of the state. They also promote social service and vocational guidance, training, and placement for all children who require them, including exceptional children. This commission promotes adequate provisions throughout the State for diagnosis and treatment of children who may require special medical services.

ELIGIBILITY: This organization is not a direct service organization. It is the job of these people to research and recommend programs to the public and to the state. Thus, no one is eligible for direct services.

AGENCY: Illinois Council for Mentally Retarded Children
Illinois Association for the Mentally Retarded

ADDRESS: 343 S. Dearborn Street
Chicago, Illinois 60604

PHONE: Wabash 2-2262

CONTACT PERSON: Donald Moss
Executive Director

DOWNSTATE OFFICE:
Myers Building
101 South 5th Street, Room 807
Springfield, Illinois 62702

(217) 522-2201

Mrs. K. William Hutchison
Regional Director

SERVICES OFFERED: The Association undertakes professional education by participating in conferences and meetings of various professional groups. They attempt to raise funds for projects for the mentally retarded. They propose recommendations for legislative solutions to problems of the MR. They utilize all media in an ongoing public education effort to prevent the known cause of MR. They provide consultation to local associations to assist them in developing better services for the mentally retarded.

ELIGIBILITY: Any retarded child and his family within the regional boundaries.

COST: None

FUNDING: Individual donations, special foundation grants, and donations for projects from civic organizations. Also dues.

IAMR MEMBER UNIT PRESIDENTS

Richard Larson, President
Aurora Association for the MR
146 Le Grande
Aurora, Ill. 60506

Al Skjoldoger, President
Beverly Lake School
216 Gorden Court
Elgin, Ill. 60120

LaVerne Allen, President
Blue Cap School
14001 S. Western
Blue Island, Ill. 60406

Lee Borst
150 N. Sylvan Drive
Mundelein, Ill. 60060

Richard Okray, President
Calumet City Co. for MR
3502 173rd Pl.
Lansing, Ill 60438

Dr. Walter C. McCrone
Ada S. McKinley Community
Services
493 E. 31st Street
Chicago, Ill. 60616

Tom Powers, President
Chicago ARC
3331 West 60th Place
Chicago, Ill. 60629

Harris Barnett, President
Chicago School and Workshop
for the Retarded
185 N. Wabash
Chicago, Ill. 60601

Maurice Barger, Jr., President
Claret Knoll Foundation
Box 291
Palos Heights, Ill. 60463

Guerin A. Fischer, Ed. D.,
President
Clearbrook Center
2121 N. Kennicott
Arlington Heights, Ill. 60004

Julian Hamerski, President
Coles County Assn. for the
Retarded
510 Wilson
Charleston, Ill. 61920

George Donnelly, President
Aid to Retarded Children, Inc.
2204 Parkview
Springfield, Ill. 62704

Adolph Bulaw, President
Countryside Center
Rt. 2, Box 48
Barrington, Ill. 60010

Berton C. Sullivan, President
Dixon State School Association
798 Linden Avenue
Elmhurst, Ill. 60126

Mrs. Robert Shepherd,
President
Edgar County Assn. for the
Retarded, Inc.
810 Marshall Street
Paris, Ill. 61944

Mr. D. L. Wetherell, President
Effingham County AMRC
Shumway, Ill. 62461

Charles Prince, President
Elim Christian
15937 Emerald Avenue
Harvey, Ill. 60426

Raymond Ostrowky, President
Garden School for the
Handicapped
10819 S. Neenah Avenue
Worth, Ill. 60482

Mrs. Ronald Bunke, President
Glenkirk Assn. for Retarded
7302 Church Street
Morton Grove, Ill. 60053

Wm. D. Smith, Chm. of Board
Glenkirk Assn. for Retarded
2445 Cherry Street
Northbrook, Ill. 60062

Dorothy Dill, President
Hamilton County ARC
505 West Cherry Street
McLeansboro, Ill. 62859

Mr. B. L. Johnston, President
Helping Hand Association
410 Blackstone
LaGrange, Ill. 60525

Robert Schmidt, President
Holiday School
118 Schramm Drive
Pekin, Ill. 61554

Mrs. Audrey Lewis, President
Granite City Assn. for Retarded
2418 Madison Avenue
Granite City, Ill. 62040

Charles F. Sebastian, President
The Helping Hand School
397 Downing
Riverside, Ill. 60546

Lester DeWitt, President
Iroquois Assn. for RC
R.R. 1
Martinton, Ill. 60951

James Holtschlag, President
Jacksonville Area ARC
611 Coronado Drive
Jacksonville, Ill. 62650

Jeff Sample, President
JoDaviess Co. Workshop
481 Montgomery
East Dubuque, Ill. 61065

Robert Lucas, President
Kenwood-Oakland
1328 East 47th Street
Chicago, Ill. 60653

Dr. James Sellet, President
Knox County Council for the MR
South Lake Storey Road
R.R. 2
Galesburg, Ill. 61401

M. A. Alschuler, President
Lake County Society for the Retarded
2400 Poplar
Waukegan, Ill. 60085

Frank Miller, President
Lansing Comm. Assn. for the Retarded
18254 Walter Street
Lansing, Ill. 60438

Peter McKune, President
Lee County Assn. for Handicapped
1130 North Jefferson
Dixon, Ill. 61021

Thayer Hill, President
Little Friends Sheltered Workshop
325 South Wright
Naperville, Ill. 60540

Shirley Millard, President
Macon County ARC
1614 West Harrison
Decatur, Ill. 62526

Ron Coffler, President
Madison County ARC
4905 Michael
Godfrey, Ill. 62035

Louis A. Aiello, President
McHenry County Assn. for the Retarded
403 Becking
Woodstock, Ill. 60098

Jim Anderson, President
McLean County ARC
1701 Towanda
Bloomington, Ill. 61701

Florian Surdyk, President
Mentally Retarded Children's Aid
Seguin School
1222 South Ridgeland Avenue
Berwyn, Ill. 60402

Laurence Barkely, President
Misericordia Parents Association
2015 Greenwood
Wilmette, Ill. 60091

Ronald Krupp, President
National Assn. for Downs Syndrome
628 Ashland
River Forest, Ill. 60306

William Kleinblossom, President
North Shore Association
6066 North Kostner
Chicago, Ill. 60046

Jordan Minerva, President
Northwest Suburban Aid
780 Lee Street
DesPlaines, Ill. 60016

Robert Hanson, President
Oak Park-River Forest
700 Columbion
Oak Park, Ill. 60302

Bob Stouffer, President
Ogle County Blackhawk Assn. for the Mentally Retarded
101 West Center Street
Mt. Morris, Ill. 61054

Mrs. Chester Hajduk, President
Orchard Assn. for the Retarded
6838 Concord
Niles, Ill. 60648

LeRoy Berry, President
Organization for Retarded Children
210 Harlan Street
Neponset, Ill. 61345

Joseph Powers, President
Parents & Friends of Ludeman Center
1048 Summit Hills Lane
Naperville, Ill. 60540

William Bachman, President
Park Lawn Association
6101 West 123rd Street
Palos Heights, Ill. 60463

Wade Fehr, President
Peoria ARC
1116 West Florence Avenue
Peoria, Ill. 61604

Jack Ward, President
Progress School
4135 North Newcastle
Decatur, Ill. 62526

W. Luecht, President
Proviso Association
2041 South Fourth Avenue
Maywood, Ill. 60153

T. L. Harrigan, President
Ray Graham Association
2201 South Stewart St., Apt. 4M
Lombard, Ill. 60148

Rose Poelvoorde, President
ARC & A of Rock Island County
701 Ivy Lane
Silvis, Ill. 61282

Michaele Martin, President
Assn. for the Handicapped of Stephenson County
219 East Spring Street
Freeport, Ill. 61032

Donald Barnes, President
South Suburban Council for MRC
3537 Ashland Avenue
Steger, Ill. 60475

Mrs. E.R. Anderson, President
Valley School for Exceptional Children
Bliss Road
Batavia, Ill. 60510

Vivian Schultz, President
Vermilion County ARC
1001 Franklin
Danville, Illinois 61832

Lester E. Strom, President
Warren Achievement Center, Inc.
1314 South Main Street
Monmouth, Ill. 61462

Judy Williams, President
Wayne County ARC
Route 45 South
Fairfield, Ill. 62837

Russell Malueg, President
Winnebago-Boone County ARC
2910 City View Drive
Rockford, Ill. 61108

Shirley White, President
Champaign County Assn. for MR
1810 Greendale
Champaign, Ill. 61820

Judge Peyton H. Kunce, President
Egyptian Association for MR
P.O. Box 388
Murphysboro, Ill. 62966

Milford Clausen, President
DeKalb County Association for MRC
R.R. Box 95
Waterman, Ill. 60556

Joseph Ross, President
Fox River Retarded Children's
Parents Association
1130 South Michigan Avenue
Chicago, Ill. 60605

William McAllister, President
Good Shepherd Club
638 South Kennicott
Arlington Heights, Ill. 60005

Mrs. Dorthea Hayman, President
Jefferson County Assn. for RC
R.F.D. 6
Mt. Vernon, Ill. 62864

Mrs. Lois Whitaker, President
The Klingberg School Parent
Group
2654 West Thorndale
Chicago, Ill. 60645

Rita Walsh, President
Lincoln Parent's ARC
10930 South Fairfield
Chicago, Ill. 60655

Jessie Chesser, President
Livingston County Association
R.R. 2
Dwight, Ill. 60420

Geneva Theis, President
Macoupin County ARC
P.O. Box 190
Carlinville, Ill. 62626

Mrs. Lillian Phillips, President
Marion County ARC
Salem High School
Salem, Ill. 62881

Serfin Molinaro, President
Martin Enger
2007 North 76th Avenue
Elmwood Park, Ill. 60635

Mrs. Paul Becherer, President
Murray Children's Center Assn.
6 Westgate Drive
Belleville, Ill. 62221

Nisson Freeman, President
North Aurora Center
4710 Enfield
Skokie, Ill. 60676

Marlowe King, President
North Suburban EMH — PTA
645 Sheridan Road
Highland Park, Ill. 60035

William Hagwood, President
Park School Parent
Organization
1224 Fowler
Evanston, Ill. 60202

Mary Ellen Beggs, President
Saline Association
108 South Jackson
Harrisburg, Ill. 62946

Herbert Simon, President
Sub. Twp. Assn. for Retarded
8810-C Robin Drive
Des Plaines, Ill. 60016

Marion Morris, President
Wabash County ARC
RFD 4
Mt. Carmel, Ill. 62865

AGENCY: Illinois Department of Mental Health

ADDRESS: State Office Building
Springfield, Illinois 62706

PHONE: 782-2243

CONTACT PERSON: Director

SERVICES OFFERED: The services and programs of this

Department are administered through division, namely, Division of Planning and Evaluation, Division of Mental Retardation, Division of Professional Services, Division of Comprehensive Mental Health Services, Division of Research, Division of Personnel Services, and Division of General Services

Division of Planning and Evaluation, 1700 State of Illinois Building, Chicago 60601, 346-2000: Implementation of Department's program.

Division of Mental Retardation, 401 State Office Building, Springfield, 782-7393; Develops and implements programs for the mentally retarded, including residential and others subsumed within a community orientation. See Institutions supported by Department of Mental Health.

Division of Professional Services, 1500 State of Illinois Building, Chicago 60601, 346-2000: Provides consultation to Division directors, facility superintendents, and zone directors. Also provides information in specialized fields of mental health.

Division of Comprehensive Mental Health Services, 1500 State of Illinois Building, Chicago 60601, 346-2000, ext. 622: Develops programs and services for the prevention of mental illness.

Division of Research Services, 1601-1609 Taylor, Chicago 60612, 341-8000: Encourages clinical and laboratory research, applied research, and research in communities.

Division of Personnel Services, 405 State Office Building, Springfield 62706, 782-7721: Responsible for a program of personnel procedures.

Division of General Services, 401 State Office Building, Springfield 62706, 782-7425: Performs all physical plant, administrative, and financial activities.

COST: Services usually free.

FUNDING: Appropriations from the Illinois General Assembly.

AGENCY: Illinois Department of Mental Health

SCHOOL: A.L. Bowen Children's Center

ADDRESS: Box 281
Harrisburg, Illinois 62946

Moderate, mild, and borderline levels of retardation accepted. Admission both voluntary and commitment.

ELIGIBILITY: Minimum age 6; maximum age 20. Residency: one year in Illinois prior to application.

COST: Sliding scale. Parents pay for clothing and incidentals when able. After 12 years of treatment, parents are no longer charged.

FUNDING: State monies.

AGENCY: Illinois Department of Mental Health

SCHOOL: Dixon State School

ADDRESS: 2600 N. Brinton Avenue
Dixon, Illinois 61021

There is no restriction on age or degree of retardation for admission to Dixon. Admission both voluntary and by commitment. Apply through local Service Agency or County Court.

ELIGIBILITY: State Residency for one year prior to application.

COST: Sliding scale.

FUNDING: State monies.

AGENCY: Illinois Department of Mental Health

SCHOOL: William W. Fox Children's Center

ADDRESS: Dwight, Illinois 60421

Profound and severe levels of retardation are accepted. Admission both voluntary and by commitment. There are no direct admissions.

ELIGIBILITY: Minimum age 6; maximum age 15. State residency for one year prior to application.

COST: Sliding scale. Parents pay for clothing and incidentals when able. After 12 years of care, parents are no longer charged.

FUNDING: State monies.

AGENCY: Illinois Department of Mental Health

SCHOOL: Illinois State Pediatric Institute

ADDRESS: 1640 Roosevelt Road
Chicago, Illinois 60608

SERVICES OFFERED: There is no restriction on age or degree of retardation of children accepted to the institute. Admission is made voluntarily or by commitment.

ELIGIBILITY: Any person who has lived in Illinois for one year prior to application.

COST: Sliding Scale: Parents pay for clothing and incidentals when possible. After 12 years of residential care, parents are no longer charged for any aspect of care.

AGENCY: Illinois Department of Mental Health

SCHOOL: Lincoln State School

ADDRESS: 861 South State Street
Lincoln, Illinois 62656

PHONE: 732-3161

No restriction on age or degree of retardation. Admission is both voluntary and by commitment.

ELIGIBILITY: State residency, one year.

COST: Parents provide clothing and incidentals when able. After 12 years of treatment, parents are no longer charged.

FUNDING: State monies.

AGENCY: Illinois Department of Mental Health

SCHOOL: Warren G Murray Children's Center

ADDRESS: 1717 West Broadway
Centralia, Illinois 62706

SERVICES OFFERED: Profound, severe and moderate levels of retardation are accepted at Murray Center. Child must have lived in Illinois for one year prior to application. Admission is by commitment or can be voluntary.

ELIGIBILITY: Minimum age 6 years, Maximum age 21.

COST: Sliding scale: extra charges include clothing and incidental expenditures, if family is able. After 12 years of care, the family is no longer charged.

FUNDING: State monies.

AGENCY: Illinois Department of Mental Health Medical Center Complex

ADDRESS: Illinois State Psychiatric Institute
1601 West Taylor Street
Chicago, Illinois 60612

PHONE: (312) 341-8100

SERVICES OFFERED: This is primarily a research and training facility. Patients are seen in out-patient diagnostic consultation upon an appropriate professional referral. (Illinois State Pediatric Institute is most directly concerned with the mentally retarded. It is one of the three divisions of the Medical Center Complex. See Mental Health Facilities.)

ELIGIBILITY: Mentally retarded residents of Illinois.

COST: Not indicated

FUNDING: State monies.

AGENCY: Illinois Department of Public Aid

ADDRESS: 203 State Office Building
Springfield, Illinois 62706

160 N. LaSalle
Chicago, Illinois

PHONE: 782-2000 346-2000

SERVICES OFFERED: The Department of Public Aid through its county department of welfare office administers five public assistance programs:
Aid to Dependent Children: This provides aid to the needy, dependent children under age 18 when a parent is disabled, absent from home, unemployed, or dead. Money is also given to keep families together. A child must be living with a close relative for at least one year prior to application.
Blind Assistance: Financial assistance is provided for blind residents of Illinois making it possible for them to continue living in their own homes with their own families. Residency requirement of one year. Blind persons must need financial aid.
Disability Assistance: Aid is given to needy who are bound to be permanently and totally disabled. Persons may live at home or in residential nursing care homes. Must be Illinois residents for one year prior to application.
Old Age Assistance: Financial assistance for those over 65. They must be Illinois residents for one year prior to application.
Assistance to the Medically Indigent: Aid to persons over 65 who pay normal living expenses, but cannot pay medical fees.

The Department focuses attention on public aid recipients who can be returned to employment and self-support, and education, vocational training, and work-relief programs have been initiated throughout the state to give every recipient with the potential an opportunity to attain status of self-dependence.

ELIGIBILITY: State above for each branch of the Department.

COST: None

FUNDING: State funds. These programs are also Federally Funded.

AGENCY: Illinois Elks Association Crippled Children's Commission, Inc.

ADDRESS: Elks National Memorial Building
2750 Lake View Avenue
Chicago, Illinois 60614

PHONE: 348-3670

CONTACT PERSON: Director

SERVICES OFFERED: The Commission furnishes members of the staff for diagnostic clinics and provides hospitalization for approved cases. They operate clinics for indigent crippled children throughout the state.

ELIGIBILITY: Any crippled children in Illinois. No age limit.

COST: No charge for services.

FUNDING: Supported by contributions from local Elk's lodges.

AGENCY: Internal Revenue Service
Department of the Treasury

ADDRESS: 325 East Adams Street
Springfield, Illinois 62704

Chief, Training and
Public Affairs Branch

CONTACT PERSON: Director Director Melvin Mill

SERVICES OFFERED:

1) An additional $750 exemption for blindness is allowed if you were blind on the last day of the year. If you lost your sight late in the year, you are entitled to the full exemption. You are blind for the purpose of claiming this exemption, if the central visual acuity does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is no greater than 20 degrees.
2) To determine whether you furnished over half the support for a dependent, you must first determine the total support furnished by you, by the dependent himself, and by others. Items not included in total support, for a handicapped child, the value of education, room and board provided by an educational institution for the handicapped, is considered a scholarship and is not taken into account in determining total support.
3) Payments for medicines and drugs may be included in your medical expenses only to the extent they exceed 1 percent of your Adjusted Gross Income. This excess is then subject to the 3 percent limitation.
4) Payments for sending a mentally or physically handicapped dependent to a special school are medical expenses if the

principal reason for his attendance is the institution's resources for alleviating the handicap. The costs of meals and lodging, if supplied by the institution, and of ordinary education furnished incidental to the special services, are medical expenses.

5) The cost of maintaining a mentally retarded individual in a specially selected home, where there is no family relationship, to aid in the individual's adjustment from life in a mental hospital to community living, on the recommendation of a psychiatrist, qualifies as a medical expense
6) Payments to a nonprofessional individual for administering "patterning exercises" to a mentally retarded child qualify as deductible expenses for medical care.
7) Amounts paid by a handicapped individual (lessee) for the purchase and installation of special plumbing features in a rented house are deductible medical expenses.
8) Payments for protheses, glasses and hearing aids, crutches and guide dogs and their maintenance are:

Exclusions:

1) Do not include payment (as a medical expense) for personal analysis of a student, even if it is a required part of his training.
2) Do not include the cost of operating a specially equipped auto medical care expenses.
9) Cost of special equipment specifically for the use of a physically handicapped person and used primarily to alleviate his disability are medical expenses.
10) The cost of special telephone equipment which enables a deaf person to communicate . . . qualifies as a medical expense.
11) Legal fees necessary to authorize medical treatment for mental illness are deductible medical expenses.

AGENCY: Jewish Children's Bureau of Chicago

ADDRESS: One South Franklin Street
Chicago, Illinois 60606

PHONE: Financial 6-6700

CONTACT PERSON: Morris Davids

SERVICES OFFERED: This Bureau is one affiliate of the Jewish Federation of Metropolitan Chicago. As such, it is an official resource of the Jewish Federation for the placement of dependent, emotionally disturbed, physically handicapped or retarded Jewish children. It also provides total planning for the Jewish unmarried mothers anywhere in the United States and service to Jewish adoptive applicants in the State of Illinois. With the exception of the Nicholas J. Pritsker Center and Hospital and the Day Treatment Center, the age range at intake is from birth to 17. When necessary, referrals are made to special institutions all over the nation.

ELIGIBILITY: Any Jewish child from the age of birth to 17 or 21 if need be.

COST: Sliding scale. They often work jointly with the Cook County Public Aid Department of Children and Family Services to support children whose families cannot support their care.

FUNDING: Fees and money from the Jewish Federation of Chicago.

AGENCY: Lutheran Social Service of Illinois

ADDRESS: 400 W. Dickens
Chicago, Illinois 60614

PHONE: (312) 472-5654

CONTACT PERSON: Executive Director

SERVICES OFFERED: Serves all children of all races from infancy to 21 years who are referred by courts, social agencies and by private arrangement. The program includes counseling in the home, placement in an institutional setting, and a counseling service for parents of mentally retarded children. Casework services and psychiatric consultation are available in each phase of the program and for each placement facility.

ELIGIBILITY: Any child in need of services offered.

COST: Sliding scale

FUNDING: Supported by funds from the Lutheran Church of America.

AGENCY: Muscular Dystrophy Association of America, Inc.
Greater Chicago Chapter

ADDRESS: 203 N. Wabash Avenue
Chicago, Illinois 60601

PHONE: 726-1264

CONTACT PERSON: Regional Director

SERVICES OFFERED: Chicago program includes: direct casework service to patients; financial support of clinics which offer treatment and supervision of patients, and sponsorship of research projects. Helps defray expenses of orthopedic appliances and other services to patients on basis of need. Serves Cook, DuPage, and Lake counties.

COST: No charge for services if person cannot afford to pay.

FUNDING: Supported by voluntary contributions and membership dues.

AGENCY: National Multiple Sclerosis Society
Chicago Chapter

ADDRESS: 332 S. Michigan Avenue
Chicago, Illinois 30604

PHONE: 427-2250

CONTACT PERSON: Executive Director

SERVICES OFFERED: This Society attempts to stimulate and support research into the cause, control, and cure of multiple sclerosis and related neurological diseases. They attempt to establish local diagnostic and treatment centers, to stimulate a rehabilitation program for MS victims, to educate the public on the problems of MS, and to keep professionals as well as lay people informed on any progress in the fields of research in MS. They operate Multiple Sclerosis Out-Patient Clinic at Northwestern University Medical Clinics.

ELIGIBILITY: Any person with MS or other Neurological disease may use clinic.

COST: Sliding scale.

FUNDING: Supported by memberships and voluntary contributions.

AGENCY: Pilot Guide Dog Foundation

ADDRESS: 33 E. Congress Parkway
Chicago, Illinois 60605

PHONE: (312) 922-7081

CONTACT PERSON: Shirl L. Farrar
Executive Director

SERVICES OFFERED: This Foundation provides free guide dog training for visually handicapped individuals. Specifically, the Pilot Guide Dog Foundation trains dogs in the special skills of leading the blind prior to the animal's introduction to his new master. They provide round trip commercial airplane transportation for the visually handicapped student from his home to the training center in Columbus, Ohio. They provide four weeks' intensive training of the dog and master to learn to work together as a team. Furthermore, they pay for the student's room and board during the four week period.

ELIGIBILITY: Any blind person financially in need of these services.

COST: None

FUNDING: Individual contributions and Label Coupon Redemption Program with Vet's Pet Food Company.

AGENCY: Information Center-Recreation for the Handicapped

ADDRESS: Outdoor Laboratory
Little Grassy
Southern Illinois University
Carbondale, Illinois 62901

PHONE: 453-2244

CONTACT PERSON: Director

SERVICES OFFERED: The Center is primarily concerned with the collection and dissemination of information pertaining to recreation for all handicapped persons. The Training Institute for Directors and Staff of Day Camps for the Mentally Retarded is held annually under the sponsorship of ICRH.

ELIGIBILITY: Any retarded child may participate in camp. Any director or staff of a camp for the mentally retarded may participate in Institute.

COST: Not indicated

FUNDING: Southern Illinois University funds, United Fund, The Egyptian Association for Mentally Retarded Children.

AGENCY: Shriner's Hospitals for Crippled Children

ADDRESS: 2211 N. Oak Park Avenue
Chicago, Illinois 60635

PHONE: 637-9170

CONTACT PERSON: Administrator

SERVICES OFFERED: This is a voluntary hospital to correct deformities of crippled children whose parents are unable to pay for treatment.

ELIGIBILITY: Applicants must be children under 15 years of age, of normal mentality, and affected from such diseases and deformities as come within the scope of orthopedic surgery.

COST: No charges.

FUNDING: Supported by Ancient Arabic Order, Nobles of the Mystic Shrine.

AGENCY: United Cerebral Palsy Association of Illinois

ADDRESS: 309 South Third Avenue
Springfield, Illinois 62701

PHONE: 544-8222

CONTACT PERSON: Executive Director

SERVICES OFFERED: The basic aim of the State Association and its affiliate chapters is the provision of service programs and education and research in the area of neurological diseases and brain damage. Many chapters offer day care and training center, sheltered workshops, home service and referral, and residential camping. Five Mobile Teams are sponsored by UCP in various areas throughout the state, serving as an advocate and lifetime follow along service for the cp and multiply handicapped individual. These teams also make home visits, medical and therapy consultation and referrals. UCP maintains two residential camps each summer — one each in Carbondale (Little Grassy Camp) and Bloomington (East Bay Camp).

FUNDING: Membership dues and voluntary contributions.

MOBILE TEAM LOCATIONS:

1. Northwestern Illinois Area
UCP Mobile Team
320 East Armstrong Avenue
Peoria, Illinois 61603
Phone: 309-673-6481

St. Anthony's Continuing
Care Center
767 30th Street
Rock Island, Illinois 61201
Phone: 309-788-8938

2. Land of Lincoln Area
UCP Mobile Team
309 South Third Street
Springfield, Illinois 62701
Phone: 217-789-0390

3. Five Rivers Area
UCP Mobile Team
Oak & Stadium
Rehabilitation & Education
Champaign, Illinois 61820
Phone: 217-333-9497

4. Southwestern Area
UCP Mobile Team
Suite 428 — Murphy Bldg.
234 Collinsville Avenue
East St. Louis, Illinois 62201
Phone: 618-874-5228

5. Northeastern Area
UCP Mobile Team
c/o Kennedy Workshop
1144 East Dearborn
Aurora, Illinois 60505
Phone: 312-851-2252

LOCAL CHAPTERS:

UCP OF ILLINOIS
Staff List (as of April, 1973)

Executive Director
Mrs. Jane S. Chapin
309 South 3rd Street
Springfield, Illinois 62701
(217) 789-0390

Office Manager
Mrs. Marge Lambert
309 South 3rd Street
Springfield, Illinois 62701

Secretary
Mrs. Rosa Lucht
309 South 3rd Street
Springfield, Illinois 62701
(217) 789-0390

UCP OF BLACKHAWK

Program Director
Mrs. Betty Johnson
3701 Trilling
Rockford, Illinois 61103
(815) 877-2549

Secretary
Ms. Betty Guinter
3701 Trilling
Rockford, Illinois 61103
(815) 877-2549

UCP OF FIVE RIVERS

Mobile Staff Educator
Mrs. June Martin
Rehabilitation & Education Center
Oak & Stadium
Champaign, Illinois 61820
(217) 333-9497

Area Director
Mr. Larry Sunderland
309 South 3rd Street
Springfield, Illinois 62701
(217) 789-0390

UCP OF GREATER CHICAGO

Executive Director
Mr. Irving Korita
343 South Dearborn Street
Room 1810
Chicago, Illinois 60604
(312) 922-2238

Assistant Executive Director
Mr. Arthur J. Olsen, ACSW
343 South Dearborn Street
Chicago, Illinois 60604
(312) 922-2238

Program Director
Mr. James Murray
343 South Dearborn Street
Chicago, Illinois 60604
(312) 922-2238

UCP OF LAND OF LINCOLN

Area Consultant
Mr. Robert B. Levins
309 South 3rd Street
Springfield, Illinois 62701
(217) 789-0390

Nurse
Mrs. Maryanna Peters
309 South 3rd Street
Springfield, Illinois 62701
(217) 789-0390

Medical Consultant
Dr. Wesley Betsill, Jr.
Springfield Clinic
1025 South 7th Street
Springfield, Illinois 62703
(217) 528-7541

Occupational Therapist
Dr. Choon Bong Choi
Springfield Clinic
1025 South 7th Street
Springfield, Illinois 62703
(217) 528-7541

UCP OF NORTHWESTERN

Area Director
Mr. Larry Sunderland
309 South 3rd Street
Springfield, Illinois 62701
(217) 528-7541

Area Program Director
Mr. Arthur Moreau
320 East Armstrong
Peoria, Illinois 61603
(309) 673-6481

Office Manager
Sharon Zimmerman
320 East Armstrong
Peoria, Illinois 61603
(309) 673-6481

Mobile Staff Director & Nurse
Miss Geraldine J. Gray
320 East Armstrong
Peoria, Illinois 61603
(309) 673-6481

Educator
Mrs. Wanda Hulderson
c/o St. Anthony's Continuing
Care Center
767 30th Street
Rock Island, Illinois 61201
(309) 788-8938

Medical Consultant
Dr. Robert Hart
320 East Armstrong
Peoria, Illinois 61603

UCP OF SOUTHERN ILLINOIS

Executive Director
Mr. Robert B. Levins
Box 845
Centralia, Illinois 62801
(618) 532-7388

Program Director
Mrs. Jeanette Shahon
Box 845
Centralia, Illinois 62801
(618) 532-7388

Developmental Class
Murphysboro
Mrs. Lucille Thier
2107 Clay Street
Murphysboro, Illinois 62966

UCP OF NORTHEASTERN

Area Director
Mr. David Pierce
817 Douglas
Aurora, Illinois 60505
(312) 892-6414

Director-UCP Center School
Mrs. Gretchen Lance
1617 Manhattan Road
Joliet, Illinois 60531
(815) 727-1935

Mobile Staff Director & Educator
Mary Kay Nickels
c/o Kennedy Workshop
1144 East Dearborn
Aurora, Illinois 60505
(312) 851-2252

Nurse
Mrs. Lonna Shelkey
c/o Kennedy Workshop
1144 East Dearborn
Aurora, Illinois 60505
(312) 851-2252

UCP OF SOUTHWEST

Mobile Staff Director & Educator
Miss Teresa McAllister
Suite 428 — Murphy Bldg.
234 Collinsville Avenue
East St. Louis, Illinois 62201
(618) 874-3305

Mobile Team Aide
Mrs. Evelyn Wooten
Suite 428 — Murphy Bldg.
234 Collinsville Avenue
East St. Louis, Illinois 62201
(618) 874-3305

Directories
of
Services for Young Handicapped Children

CLOSER LOOK, Special Education Information Center, U.S. Department of Health, Education and Welfare, Office of Education, Bureau of Education for the Handicapped, Box 19428, Washington, D.C., 20036 or Box 1492, Washington, D.C. 20013

COUNTY AND REGIONAL SPECIAL EDUCATION PROGRAMS AND MENTAL HEALTH ZONES, prepared by Department of Mental Health (Illinois) in cooperation with Office of the Superintendent of Public Instruction (Illinois) 12/70

DIRECTORY, CONSULTATION AND EDUCATION, PARTIAL HOSPITALIZATION, EMERGENCY SERVICES, Mental Health Authority for West Central Illinois

DIRECTORY OF FEDERAL, STATE AND LOCAL AGENCIES OFFERING SPECIALIZED SERVICES TO CHILDREN, compiled by Bernard Roller, Wabash and Ohio Valley Special Education District

A DIRECTORY OF FULL-TIME COUNTY AND CITY HEALTH DEPARTMENTS, Central and Field Offices of the Illinois Department of Public Health, 1969

A DIRECTORY OF LICENSED CHILD CARE FACILITIES: CHILD WELFARE AGENCIES, INSTITUTIONS, GROUP HOMES, MATERNITY CENTERS, State of Illinois, Department of Children and Family Services, 3/72

DIRECTORY OF SERVICES FOR THE MENTALLY RETARDED IN ILLINOIS, prepared by Interdepartmental Committee on Mental Retardation and Illinois Association for the Mentally Retarded, 1968

GUIDELINES AND RESOURCES FOR YOUNG HEARING IMPAIRED CHILDREN, State of Illinois, Office of the Superintendent of Public Instruction

ILLINOIS DIRECTORY, HEALTH, EDUCATION AND WELFARE RESOURCES, compiled by Illinois Commission on Children, 1010 Myers Building, Springfield, Illinois 62701 1/65

IS YOUR HANDICAPPED CHILD IN SCHOOL?, published by the Illinois Association for the Mentally Retarded, 343 South Dearborn Street, Chicago, Illinois 60604

NATIONAL AGENCIES AND PROFESSIONAL PERSONNEL THAT PROVIDE SERVICES FOR THE HANDICAPPED, Office of the Superintendent of Public Instruction (Illinois) Department of Exceptional Children, Handicapped Children Section, 1972

SPECIAL EDUCATION ADMINISTRATORS, STATE OF ILLINOIS, Instructional Materials Center, Office of the Superintendent of Public Instruction, 1972

A SELECTED GUIDE TO GOVERNMENT AGENCIES CONCERNED WITH EXCEPTIONAL CHILDREN, compiled by Special Education IMC/RMC Network, 5/72

STATE OF ILLINOIS SERVICES FOR THE BLIND AND VISUALLY IMPAIRED, Office of the Superintendent of Public Instruction, State of Illinois

YOUR RIGHTS AS PARENTS OF A HANDICAPPED CHILD, Co-ordinating Council for Handicapped Children, 407 South Dearborn Street, Room 950, Chicago, Illinois 60605, 1969

Basic sources of service and information . . .

Pediatrician and/or family doctor

Directors of Special Education

Office of the Superintendent of Public Instruction
State of Illinois

Department of Mental Health,
State of Illinois

Illinois Commission on Children,
State of Illinois

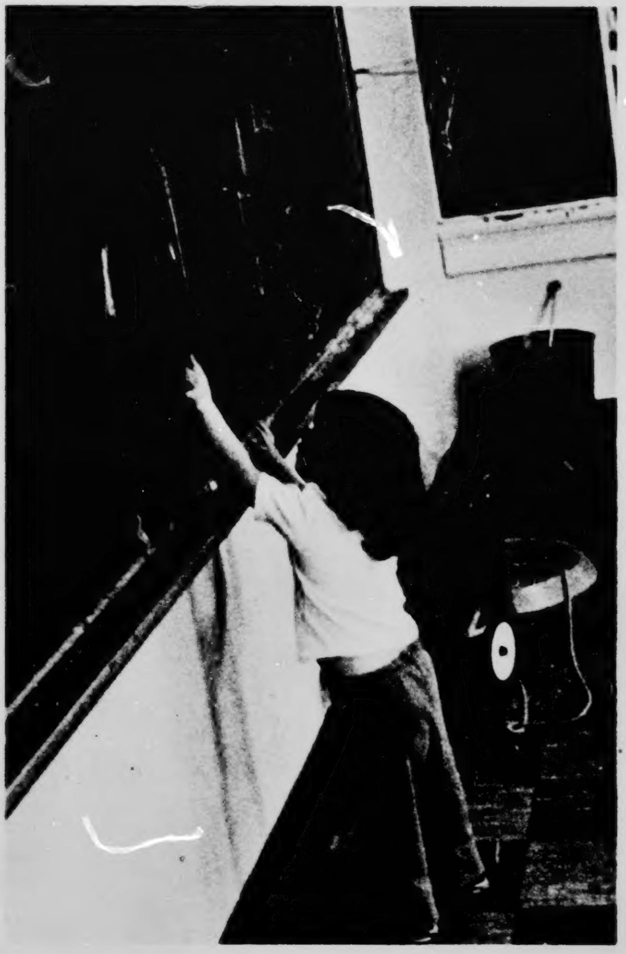
Department of Public Health,
State of Illinois

Children and Family Services,
State of Illinois

Division of Services for Crippled Children,
State of Illinois

Specific interest groups for parents and/or professionals

Guideline for Early Childhood Education (House Bills 322 & 323)



PREFACE

The years of early childhood are characterized by rapid growth, plasticity in human potential and susceptibility to environmental pressures. Children under six have their own, unique, developmental patterns, cognitive and affectual structures, social interactive needs. They also have educational tasks to master that are important, indeed critical, to later, more structured learning.

It is in the early years that children are most in need of and have the ability to profit from compensatory and intervention efforts. Children whose growth rates and patterns differ significantly from that of their peers, children whose environments are not constructive to growth, are in need of extra efforts, special education, in order to encourage maximum development.

The basic premise of special education, however, is that children with handicaps, while requiring special attention, are also in need of the same kinds of growth facilitating experiences that are crucial for all children. Children with special problems need warm and loving adults, individualized attention, opportunities for socialization, sensory-motor activities, experiences in verbal and nonverbal communication, respect for their families and communities just as do all children.

I. DEFINITION

The intent of House Bill 323 is to provide special education services to an identifiable group of handicapped children who are not presently being serviced in the public schools because they are under the age of 5 years but over the age of 3 years. For the most part, these are children who fall within the frame of reference being applied to current authorized special education programs in the 5-year to 21-year age range (see Section 14-1.02 to 14-7.02 of the *School Code of Illinois*). However, a lack of accurate diagnostic instruments for children at the early age makes unfair any attempt for explicit category determination.

II. RESPONSIBILITY

It will be the responsibility of each special education director in the State *to submit a comprehensive plan* of Early Childhood Education for Handicapped Children that will be in compliance with House Bill 323 and the guidelines developed by the Office of the Superintendent of Public Instruction. This plan will be submitted to the Handicapped Children Section, Office of the Superintendent of Public Instruction, for approval for reimbursement authorization and will be reviewed annually.

III. RECRUITMENT

A. *Identification Procedures*

Identification refers to the screening procedures that a school district employs to identify in the general population those 3- and 4-year-olds with handicaps so significant that they will require special education services. These procedures need to be refined so that those children in need of special programs are identified. In keeping with the intent of House Bill 323, great care needs to be taken to identify only children who are unable to benefit from existing preschool programs and/or cannot be expected to develop sufficiently within their own home environment without intervention.

Since children in the age range to be screened typically have not been enrolled in the public school, special efforts will need to be taken to make certain that identification procedures adopted provided that a reasonable effort has been made to reach all children showing need. It is realized that the exact nature of the screening may vary from community to community because of particular circumstances. Therefore, this plan will provide for cooperation with a variety of agents and agencies that serve this population: pediatricians, nursery school leaders, social service personnel, public health nurses, etc.

B. *Referral Procedures*

Referral procedures established should reflect the close inter-relationship between this program and all other district special education programs, as well as agencies, clinics and professional workers in the community. The referral procedures should demonstrate integration and coordination of information with appropriate referral sources. Provisions should be made for securing the necessary background information prior to program consideration including relevant medical, psychological and social histories. Every effort should be made to develop base-line information that can be used for future comparative purposes.

C. *Child Study*

Child study is the in depth investigation of a child's developmental levels which provides the necessary information for intervention program design.

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Candidates for preschool programs for the handicapped are likely to show signs of significant discrepancies in critical areas that affect normal growth and development. Gross physical or motor handicaps, marked intellectual lag, lack of age approximate speech and language development and serious emotional problems, may in isolation or combination signal a need for early special education intervention. Various scales with normative development are available which may help identify those children critically in need of early help.*

Avoidance of diagnostic (category) labels for these young children is strongly recommended. Thus, eligibility will need to be based on a mutually arrived at decision by parent and school that a handicapping condition exists that requires early (ages 3 and 4) intervention. A failure of either party to acknowledge this suggests that the need has not been sufficiently demonstrated to proceed with program design.

IV. PROGRAM DESIGN

Introduction

> "It has become increasingly difficult in our complex technological society for the 'I' in the child to develop. On the one hand, we believe in individuality and a pluralistic society. But, on the other hand, we continually adopt programs aimed at forcing children into standard molds of thinking and behaving. We must maintain the balance between the child's right to be an individual and the society's need to absorb him into the system. We must enhance the child's feeling of pride in himself and pleasure with others, strengthen his sense of identity and encourage his community activities, and discover answers to the challenges posed by conflicting values."
>
> From 1970 White House Conference on Children

A. *Program Rationale**

The young child has many diverse needs. In order to develop and implement a program which best responds to each individual and group to be served, each submitted plan should include:

1. Rationale for program design with clearly defined program objectives and goals.

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*Appendix A provides a list of such scales.

2. Specification for how the program will meet specific socio-emotional, physical, and educational needs of the individual child.
3. An educational component based on continuous diagnostic study.
4. Provisions for the developmental differences in the affective, psycho-motor areas, physical development, health, and socialization processes.

Continuity for experience is an important factor in each child's development. Early intervention staff must pay close attention to the relationship between the special education program and the child's later school experiences, and in fact, each plan must indicate procedures for close articulation. Primary placement should be based on continuous diagnostic study.

B. *Program Personnel**

It is essential that initial program planning, development and implementation be appropriate to the needs of young children in all areas of development: social, emotional, physical, and cognitive. It is necessary, therefore, that each early intervention program design provide resource personnel in early childhood education. Specialists must be professionally trained in either child development or early childhood education. They would be responsible for program development, the training and supervision of early childhood personnel, and monitoring and evaluating the program to insure that it is appropriate for young children. It is desirable that early childhood resource personnel be part of the staff of the joint agreement or special education districts. Full approval of the submitted plan will be dependent on the hiring of sufficient specialists to effectively implement the program design, the training and supervision of personnel, and the monitoring and evaluating of the program design. In the event that qualified early childhood education specialists are not available on a full-time basis, the section of the submitted plan providing for this program ingredient may be granted provisional approval. In order to be effective, the submitted plan should provide an early intervention design for a comprehensive child development program for young children and their families. This design should describe the ancillary professional personnel and services to be used: social, psychological, medical, and nutritional.

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* For a suggested classification of professional and paraprofessional workers, see Appendix C.

In order to facilitate a low adult-child ratio, which is essential to a successful early intervention program, paraprofessional workers will be vital. Such workers must, however, receive training and adequate supervision. Training should be related to program design and objectives.

C. *Evaluation*

Each submitted plan should indicate procedures for continuous individual study as well as for overall program design and personnel evaluation. This is essential in order to insure the effectiveness of the program as well as the level of development of skills of each child and the quality of experiences being provided for each child.

Continuous evaluation should be utilized to obtain learning profiles of each child's strengths and weaknesses in order to direct and develop appropriate intervention strategies. Internal program evaluation should be planned in coordination with the goals and objectives of the program, including provisions for formative and summative evaluation of program, transactions, personnel, and services.

D. *Parent Paritcipation*

Each submitted plan should include a component for parent participation in the development and implementation of educational strategies. This parent participation in the continuous assessment of their children's progress may include the teacher-parent conferences, home visits, class observations, parent groups, and active parent participation in the class. A basic tenet of early intervention program design is that parents have both the right and responsibility to share in determining the nature of their children's education. Interaction between parents and early intervention program personnel can 1) help parents learn how they can best support the program; 2) contribute more fully to the child's total development; and 3) help staff become more responsive to the needs and goals of the parents and translate these goals into meaningful program activities.

E. *Coordination with Community Agencies*

If the early intervention program design is to be effective, it must be based on the total context of the child and family. Therefore, it is essential that support services of community agencies be located and coordinated with the early intervention program. Each early intervention program should indicate coordination with community agencies to avoid duplication of resources and to provide optimum delivery of screening, referral and therapeutic services for children and their families. Throughout the entire recruitment process, children being served by other community agencies should be able to enter at a point other than the initial identification. However, this does not mean that the Local Education Agency can discharge any of its responsibility. The Local Education Agency will still retain basic responsibility for the determination and type of service provided.

V. PHYSICAL PLANT AND FACILITIES*

The physical facility and equipment used must be safe and arranged to accommodate the needs of the children using them. They should be in accordance with House Bill 3416 of the Illinois 75th General Assembly.

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* Appendix D suggests a list of standards for physical plants and facilities.

APPENDIX A

A wide variety of evaluation scales are available that can provide comparative data on young children. Representatives of these are: the Vineland Scale, the Caldwell Preschool Inventory, the Merrill Palmer Scale of Mental Tests, Preschool Attainment Record, Stanford Binet L-M, etc. The Office of the Superintendent of Public Instruction intends to publish a manual on early identification of high risk children. This material will be made available to all public schools upon publication.

APPENDIX B

Program Organization

The options which a district has in structuring a program for one child, or any group of children, are directly related to: 1) the physical setting which should be used, or feasibly could be used, for the program focus at a point in time; 2) the organizational plan by which services may be delivered; 3) the kinds of service which must be provided.

1. *Physical Setting:* The physical environment to be used for the setting of the program must be adaptable to the learning characteristics, the variable behavior characteristics, the physical development and/or sensory handicaps of the children. Setting options include the home, private or public day-care or nursery schools, and public school managed facilities.

2. *Organizational Plan of Delivery of Services:* The selection of a plan is influenced by both the setting to be used and the kind(s) of service(s) needed. Options include: a) individual (worker-child) relationships regardless of the length or frequency of sessions; b) worker-small group relationships wherein the number of children does not exceed three children; c) worker-class relationships wherein children may be brought together by types of handicaps or by their need for continued diagnosis. The latter groups may be designated as diagnostic classes.

   Plans a) and b) may be followed in any of the previously mentioned settings. Plan c) may be followed only in a public school managed facility.

3. *Kinds of Services:* Services are described as direct or supportive. Direct services include any kind of direct interaction between a worker and a child. Supportive services imply the use of personnel to interpret, demonstrate, reinforce, monitor, supervise, or otherwise maintain the child in the direct service relationship. The service options which a district has depends

upon the number and kinds of employed professional and paraprofessional personnel and the scope of their competencies in providing direct and supportive services.

Implicit in program planning is the principle that the purpose of child study is to contribute information to aid in making decisions concerning the first steps to be taken in diagnostics and clinical teaching, the plan which is most adaptable to the child's need and the setting where these services should be provided. There is no one single, approved model of programming. A child may be served through a variety of combinations of the components of settings, organizational plans, and services as long as the total plan is developed, coordinated and supervised by the person designated as Early Childhood Specialist.

APPENDIX C

Suggested Classification of Professional and Paraprofessional Workers

Volunteers

Parents, students and others may provide excellent support service for the following classifications.

Helper

A noncertified person, qualified through inservice and on-the-job training to provide nontechnical assistance in administrative routines, record keeping, distribution and care of materials and equipment, toileting, and to assist professional personnel in program implementation.

Aide

A noncertified person having 32 semester hours of credit in a recognized college or university. Part of this credit could be assumed under an internship at an agency, such as Head Start. This individual may function in a teaching capacity under the direct supervision of a professional staff member.

Parent Worker

This person will work under the supervision of a professional. He must have training and/or experience in working with parents in a consultative capacity and have had some experience in working with young children.

Assistant

A person having completed his A.A. degree from a recognized university, college, or junior college, who will work with the teacher under the direct supervision of the program specialist or master teacher.

Teacher

A professional worker, qualified by training to teach, but not certified in special education or early childhood. This individual must function under the direct supervision of the program specialist without complete responsibility for diagnosis and educational prescription. (B.S./B.A. — Elementary Education Certificate.)

Program Specialist

A fully certified person in early childhood education and/or special education. (B.S./B.A. — Elementary Education Certificate with approval and/or endorsement in special education and/or early childhood education.)

APPENDIX D

Physical Plant and Facilities

A. The site of the educational program is easily and safely accessible to pupils, employees, and visitors at all times and under all conditions.

B. Grounds of the facility are clean, landscaped, and free from hazards.

C. The educational building is well maintained and is windproof and waterproof.
Maintenance and custodial service is available and adequate to maintain the facilities, equipment, and grounds.
The facility has a planned program for continuous maintenance and upkeep of property.

D. The educational building is suitably arranged with adequate space to accommodate the instructional program.
Drinking fountains are of sufficient number and proper size and are located so as not to interfere with the flow of traffic.
Rooms are sufficient in size, design, and arrangement to accommodate the program assigned to them.
Ventilation, heat, light, and acoustics in all areas are regulated to provide a harmonious and pleasant atmosphere for the activities being conducted.
Equipment and furniture are the type and size suited to the instructional program offered.
Rest rooms are sufficient in number, clean and sanitary, and operable.
Workrooms for teachers and staff are conveniently located and adequately equipped.

E. "These specifications were prepared for normal school children during regular classroom hours. Boarding schools and students and/or classrooms for the handicapped, such as mentally or physically handicapped, should be given special consideration. Facilities accessible to and useable by physically handicapped should be provided in accordance with House Bill 3416 of the Illinois 75th General Assembly." *Efficient and Adequate Standards for the Construction of Schools,* Superintendent of Public Instruction, Circular Series A. No. 156.

F. All facilities will be approved by the Superintendent, Educational Service Region.
(Section 3-14.20, 3-14.22 of the *School Code of Illinois*.)

APPENDIX E

Dissemination of Information

The Educational Resources Information Center/Early Childhood Education Clearinghouse (ERIC/ECE) is one of a system of 20 clearinghouses sponsored by the United States Office of Education to provide the educational community with information about current research and developments in the field of education. The clearinghouses, each focusing on a specific area of education (such as early childhood, reading, linguistics, and exceptional children), are located at universities and institutions throughout the United States.

The clearinghouses search systematically to acquire current, significant documents relevant to education. These research studies, speeches, conference proceedings, curriculum guides, and other publications are abstracted, indexed and published in *Research in Education (RIE),* a monthly journal. *RIE* is available at libraries, or may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Another ERIC publication is *Current Index to Journals in Education (CIJE),* a monthly guide to periodical literature which cites articles in more than 560 journals and magazines in the field of education. Articles are indexed by subject, author, and journal contents. *CIJE* is available at libraries, or by subscription from CCM Information Corporation, 909 Third Avenue, New York, New York 10022.

The Early Childhood Education Clearinghouse (ERIC/ECE) also distributes a free, current awareness newsletter which singles out *RIE* and *CIJE* articles of special interest, and reports on new books, articles, and conferences. The *ERIC)ECE Newsletter* also described practical projects currently in progress as reported by teachers and administrators. For more information, or to receive the *Newsletter*, write to:

ERIC/ECE Clearinghouse
805 W. Pennsylvania Avenue
Urbana, Illinois 61801

Policies and Procedures for the Teacher

Policies and Procedures for the Program

Typically the special education teacher is under the direct supervision of the building principal and also responsible to the area special education director or supervisor. But there are matters arising in the operating of the program which will fall within the jurisdiction of the teacher — if by default only. It is suggested that the teacher of the young handicapped establish policies and guidelines with the cooperation of the principal and administrators involved. As much as possible should be put in writing and parents should be advised of these policies and the resultant responsibilities of all those working with the child. The following is a suggested, but not exhaustive, list of matters which should be considered.

Operating policies

1. when should children be brought to school? by whom? when are they to be picked up? what if nobody is home?
2. what transportation provisions are made? safety rules? car pools? parking provisions?
3. what is the school calendar? what hours? what grouping is best — by maturity or problem?
4. what forms need to be completed before children attend?
5. daily health requirements? procedure when communicable disease? handling of injuries? administration of medications?
6. how should children be dressed? emergency clothes? shoes?
7. what items may children bring from home? special diets?
8. procedures for birthdays? other festive occasions?
9. what is done about visitors and observers? adult and child?
10. how will children and parents orient to program? what specific responsibilities are parents expected to assume?
11. how and when are fees paid? what refunds made and under what circumstances? who handles money?

Classroom teachers do not always have much say-so in the placement or location of the program for the young handicapped child. Hopefully, those who do make the decisions would already have considered the following aspects of the physical facilities. In any event, the teacher should take careful stock of the situation in order to take advantage of the advantageous and to compensate for the disadvantageous. At times, the teacher will need to be especially creative in her use of her facilities to meet the needs of the children educationally, physically, emotionally and socially. The accoutrements are not so important as the attitude of the school staff and administration toward the program. This attitude can be improved or changed by the special teacher, depending upon her attitude and actions.

physical plant and facilities

zoning

outdoor space

toilet/handwashing

isolation area

fencing

office

staff room

kitchen

heating/ventilation

fire safety

considerations

parking: accessible, ample, safe?

entrance — warm and friendly: large enough for parents, children, supervision staff members?

administration — adequate office space? privacy for conferences? conductive to staff relaxation room for preparation of educational materials? nonthreatening? atmosphere?

kitchen — sanitary? adequate provision for storage, preparation, service, cleanup?

sleeping — provisions for quiet, restful atmosphere?

storage — for maintenance supplies? program materials and equipment? personal belongings of children and staff?

utilities — provision for fuel, water, air conditioning or other climate control? humidifier?

isolation — separate but well supervised? by whom?

toilets — easily reached from play yard? privacy for adults? playrooms? large enough, but not barn-like? arrangements varied to provide interest centers through low dividers? indoor — outdoor use at the same time? playground? sheltered area, as roofed deck? both sun and shade? good fence and childproof latch? easy supervision? variety of surfaces? views of world outside? drinking fountain? beauty? consideration of good basic design? soft colors?

is there an observation area for parents and visitors?

are there medical/first-aid facilities?

Suggested Materials

materials and equipment

room furnishings:
- storage units
- toy shelves
- sink
- low toilets
- low wash basin
- tables and chairs
- carpeted area
- unit for book display
- full-length mirror
- record player
- coat hooks within reach of child

creative play center:
- child's table and chairs
- child's rocking chair
- doll bed, dolls, clothing
- doll buggy
- play store, cooking set, dishes
- play cupboard
- toy ironing board and iron
- child's broom and dustpan
- easel and brushes
- sandbox and sand play toys
- wooden cars, trucks, planes
- large wooden blocks
- water play tray
- assorted dress-up clothing, both sexes
- workbench

instructional materials:

- tip cups
- suction cup bowls
- utensil holders
- perception cylinders
- childcraft action blocks
- creative playthings activator
- busy box, busy board

push toys
pull toys
polyfoam blocks
hourglass — playskool
Fisher-Price toys
stacking rings
large pegs
musical toys

instructional toys:

assorted records
assorted books with large clear pictures
assorted balls, rubber, plastic, inflatable, texture, clutch
wood form boards
wood puzzles
shape sorting box
Tupperware shapes
primary peg boards
peg grading board
nesting cups, wood boxes
nuts and bolts
jumbo wood beads
animal voices, various noise makers
turn-a-gear board
cash register
interlocking train
animal talk game — Mattel
button board
dressing frames or aprons — buttons, zipper, etc.
snap-n-play blocks
pop-it beads
giant plastic links
block and peg building set
eye-hand perception set — rolling pin, ball
assorted styrofoam shapes
hand puppets
bean-bags
hand mirror
jack-in-the-box
inflatable punch clown
flannelboard — stories, shapes, objects, face and body
assorted rhythm instruments
plastic fruit, vegetables
bendable rubber family, community workers
toy telephones
stepping stones
counting blocks

wooden blocks in carts
eating utensils
toothbrushes

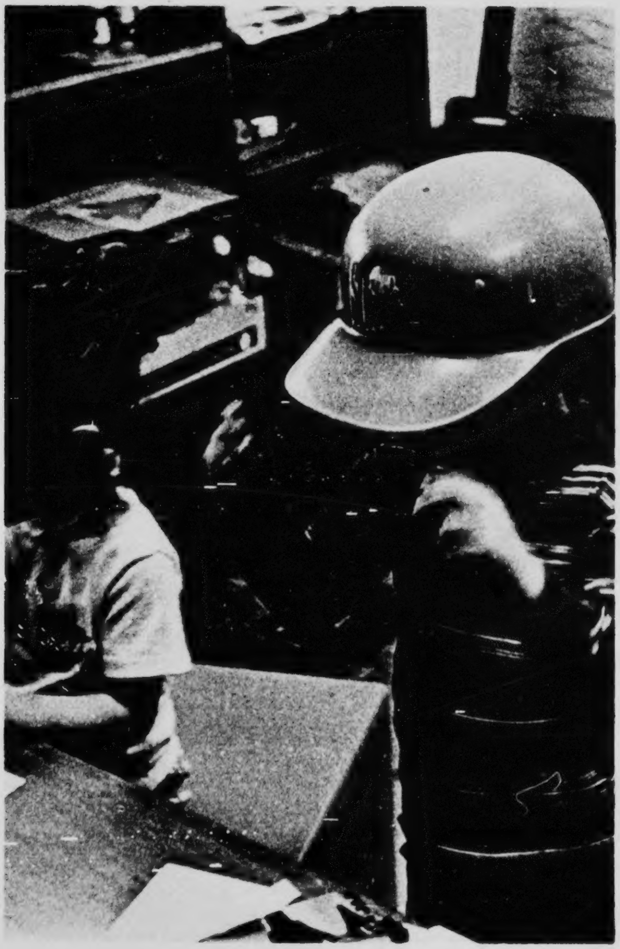
large play equipment for indoors or outdoors:

stand and slide
wooden rocking boat, stairs, reversible
seesaw
wagon-carts
tricycle
punching bag
trampoline
balance board
adjustable ladder
gym mats
small wood slide
skateboard
riding toys
crawl through tunnels

for multiply handicapped:

sandbags
relaxation chair
stand-in-table
mobile treatment stool
rocking horse
child's wheelchair
child's walker
child's parallel bars
walking stairs
block chairs
fastening straps
captain chairs
potty-chairs

Catalogs of Materials for Use with Young Children



Preschool and Invicta Catalogs

Child Life Play Specialties, Inc.
Holliston, Massachusetts 01746

Childcraft Equipment Company, Inc.
144 East 23 Street
New York, New York 10010

Children's Music Center, Inc.
5373 West Pico Boulevard
Los Angeles, California 90019

Community Playthings
Department 81
Rifton, New York 12471
Well-made wooden toys, equipment and furniture for preschool

Constructive Playthings
1040 East 85 Street
Kansas City, Missouri 64131

Creative Playthings, Inc.
P. O. Box 1100
Princeton, New Jersey 08540

Cuisenaire Company of America, Inc.
9 Elm Avenue
Mount Vernon, New York 10550

Developmental Learning Materials
3505 North Ashland Avenue
Chicago, Illinois 60657

Ed-U-Cards Mfg. Corporation
60 Austin Boulevard
Commack, New York 11725
Lotto and other children's educational card games

Educational Games, Inc.
100-120 Green Street
Doylestown, Pennsylvania 18901

Encyclopedia Britannica Press
425 North Michigan Avenue
Chicago, Illinois 60611

Equipment and Supplies: Tested and Approved for Preschool/School/Home

Association for Childhood Education International
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016

Publishers of Preschool Materials

ABC School Supply, Inc.
437 Armour Circle, N.E.
Atlanta, Georgia 30324
Preschool toys, materials and equipment

Abingdon Press
201 Eighth Avenue South
Nashville, Tennessee

Advance Crayon & Color Corporation
136-138 Middleton Street
Brooklyn, New York 11206

Allyn and Bacon, Inc.
Rockleigh, New Jersey 07647

American Seating Company
901 Broadway
Grand Rapids, Michigan 49502

American Guidance Service, Inc.
Publishers' Building
Circle Pines, Minnesota 55014

Beckley-Cardy Buyer's Guide
Beckley-Cardy Company
1900 North Narragansett
Chicago, Illinois 60639
Preschool toys, materials and equipment

Benefic Press
1900 North Narragansett Avenue
Chicago, Illinois 60639

Bell and Howell Company
7100 McCormick Road
Chicago, Illinois 60645
Language Master

Crown Publishers, Inc.
419 Park Avenue South
New York, New York 10016

Dick Blick
P. O. Box 1267
Galesburg, Illinois 61401

Doubleday and Company, Inc.
575 Madison Avenue
New York, New York 10022

Faber and Faber Limited
3 Queen Square
London, WCIN 3 Au 71
Faber Books for the Young: catalog of books and materials

First Learning Games
Goldon Press
175 Community Drive
Lake Success Park, New Jersey 11021

Fisher-Price Toys, Inc.
East Aurora
Erie County, New York 14052

Follett Educational Corporation
1010 West Washington Boulevard
Chicago, Illinois 60607

The Frostig Developmental Program:
Pictures and Patterns; Listen-Hear and
Junios Listen-Hear Programs

Gamco Industries, Inc.
Box 1911B
Big Spring, Texas 75720

General Learning Corporation
Media Division
Morristown, New Jersey 07960

Catalogs include: Judy, Sifo, Visionetics,
Invicta and Phonoviewer 1000

Golden Press, Inc.
850 Third Avenue
New York, New York 10016

Greene Wood Products
47-07 Vernon Boulevard
Long Island, New York 11101
Book and record series

Grosset and Dunlap, Inc.
1107 Broadway
New York, New York 10010

Harper and Row, Publishers, Inc.
49 East 33 Street
New York, New York 10016

Heath and Company, D.C.
285 Columbus Avenue
Boston, Massachusetts 02116

Helberg Enterprises, Inc.
Box C
8327 North Lawndale Avenue
Skokie, Illinois 60076

Holt, Rinehart and Winston
383 Madison Avenue
New York, New York 10022

Houghton Mifflin Company
2 Park Avenue
Boston, Massachusetts

Ideal School Supply Company
11000 South Lavergne Avenue
Oaklawn, Illinois 60453
Teacher's Catalog for primary, intermediate and junior high; catalog for special education

Instructo Products Company
1635 North 55th Street
Philadelphia, Pennsylvania 19131

Kohner Bros., Inc.
E. Paterson, New Jersey 07407

Lauri Enterprises, Manifax
Philips-Avon, Maine 04966

Lego Division
Samsonite Corporation
Denver, Colorado 80217

Lyndon Craft
P. O. Box 12
Rosemead, California 91771

Macmillan Company
60 Fifth Avenue
New York, New York 10011

McGraw Hill Book Company
330 West 42 Street
New York, New York 10036

Milton-Bradley Company
74 Park Street
Springfield, Massachusetts 01101

National Education Association
1201 Sixteenth Street, N.W.
Washington, D.C. 20036
Catalog with listing of publications and audio-visual materials produced by members and affiliates

Novo Educational Toy and Equipment Corp.
585 Sixth Avenue
New York, New York 10011
Catalog #26-C Preschool Toys and Equipment

Parents' Magazine Press, Inc.
52 Vanderbilt Avenue
New York, New York 10017

Pelham Puppets
Marlborough
Wiltshire, England

Penguin Books, Inc.
3300 Clipper Mill Road
Baltimore, Maryland 21211

Phoebe James
Box 286
Verdugo City, California 91046
Creative rhythm records

Play Art
Play Art Educational Equipment Company
437-439 Arch Street
Philadelphia, Pennsylvania 19106

Play-Doh
Rainbow Crafts, Inc.
Department A
Cincinnati, Ohio 45212

Playskool, Inc.
3720 North Kedzie Avenue
Chicago, Illinois 60618

Porter Athletic Equipment
9555 Irving Park Road
Schiller Park, Illinois 60176
Prudden-Porter Gymster for Children's Physical Education

Preschool Things Catalog
Preschool Press, Incorporated
159 West 53rd Street
New York, New York 10019

J. A. Preston Corporation
71 Fifth Avenue
New York, New York 10003

Random House, Inc.
457 Madison Avenue
New York, New York 10022

140

Ravinia Nursery School
Red Oak Lane
Highland Park, Illinois 60035
Self-help aprons with velcro fastener

Rhythms Productions
Chevrot Corp., Dept. CE
Box 34485
Los Angeles, California 90034
Educational records

Romper Room
Hasbro
2000 Spring Road
Oakbrook, Illinois 60521

Scholastic Magazines, Inc.
902 Sylvan Avenue
Englewood Cliffs, New Jersey 07632

Scholastic Materials
902 Sylvan Avenue
Englewood Cliffs, New Jersey 07632
Record and Book Companion Series and Sound-Filmstrips for Early Childhood Education

School Days Equipment Company
973 North Main Street
Los Angeles, California 90012
Furniture, toys, materials and equipment for preschool

Science Research Associates, Incorporated
259 East Erie Street
Chicago, Illinois 60611

Scott, Foresman and Company
433 East Erie Street
Chicago, Illinois 60611

Sifo Puzzles and Toys
834 North Seventh Street
Minneapolis, Minnesota 55411

Singer Company, Inc. L.W.
249 North Erie Boulevard
Syracuse, New York 13204

Society for Visual Education, Inc.
1345 Diversey Parkway
Chicago, Illinois 60614
Big picture-story prints and other audio-visual instructional materials

R. H. Stone Products
Box 414
Detroit, Michigan 48231
    Catalog #B68 — materials for preschool

Touch, Inc.
P.O. Box 1711
Albany, New York 12207
    Tactile-kinesthetic learning aids

Wonder Books
1107 Broadway
New York, New York 10010

Zia School and Office Supply
Second Street
Albuquerque, New Mexico

Some Sources of Free and Inexpensive Learning Materials

Beautiful Junk
    Office of Child Development
    Head Start
    Washington, D.C. 20201

Free and Inexpensive Learning Materials
    Available for $1.50 from:
    George Peabody College,
    Division of Surveys and Field Services
    Nashville, Tennessee

O'Hara, F.
    Over 2,000 Free Publications
    Available for $.95 from:
    New American Library
    1301 Avenue of the Americas
    New York, New York 10019

Portola Institute,
    Big Rocky Candy Mountain
    Catalog listing of educational resources
    Available for $4.00 from:
    Portola Institute, Inc.
    1115 Merrill Street
    Menlo Park, California 94125

Salisbury, G.
    Catalog of Free Teaching Materials
    Available for $2.50 from
    Salisbury
    P.O. Box 1075
    Ventura, California 93001

Schain, R., and M. Polner
Where to Get and Use Free and Inexpensive Teaching Aids
Available for $1.95 from:
Atherton Press
70 Fifth Avenue
New York, New York 10011

Teacher Shop
Catalog available on request from:
The Teacher Shop
The Children's Museum
The Jamaicaway
Boston, Massachusetts 02130

Thomas, J.
Free and Inexpensive Educational Aids
Available for $1.75 from:
Dover Publishers Inc.
80 Varick Street
New York, New York 10014

Weisinger, M.
1001 Valuable Things You Can Get Free
Available for $.75 Bantam Books
New York, New York

Some Resources which Give Additional Information on Material and Equipment

Campbell, E. (Editor)
Small World of Play and Learning
Available from:
LINC Children's Center
800 Silver Avenue
Greensboro, New York 27403
Also request a listing of other available publications

Early Childhood Education: How To Select And Evaluate Materials.
Report No. 42
Available from:
Educational Products Information Exchange Institute
386 Park Avenue South
New York, New York 10016 ($4.25)

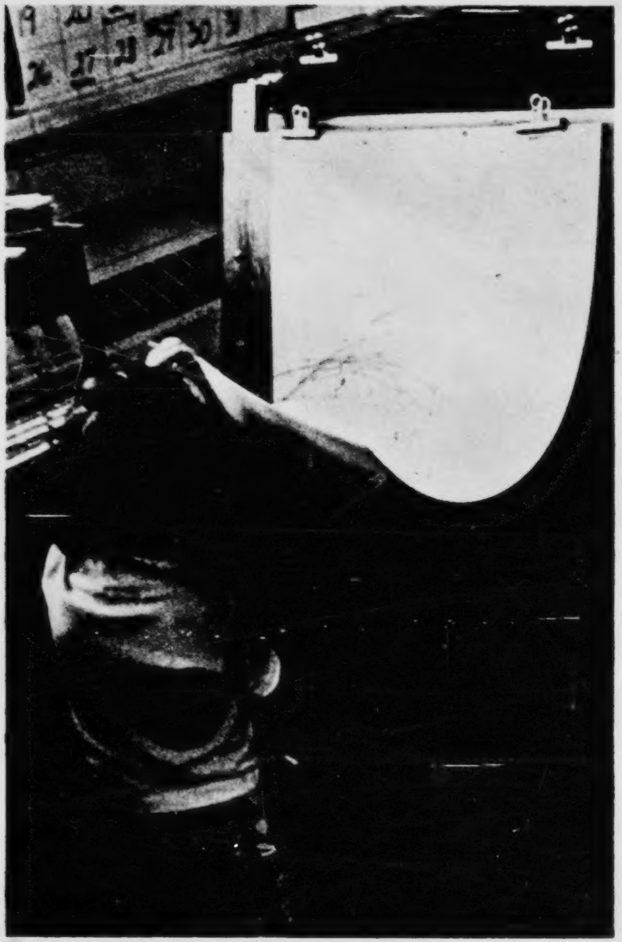
Equipment and Facilities
Available from:
Applachian Regional Commission
1666 Connecticut Avenue, N.W.
Washington, D.C. 20235

Found Spaces and Equipment For Children's Centers
Available from:
Educational Facilities Laboratories
477 Madison Avenue
New York, New York 10022 ($2.00)

Safe Toys For Your Children
Available on request from:
Children's Bureau
U.S. Department of Health, Education and Welfare
Washington, D.C. 20201
Also request a listing of other publications

Toy Review: The Information and Opinion Magazine About Children's Toys
383 Elliot Street
Newton, Massachusetts 02164 (2.00/year)

Periodicals Pertaining to Special Children



PERIODICALS PERTAINING TO SPECIAL CHILDREN AND ADULTS

GENERAL

CHILD DEVELOPMENT, Publications Office, Child Development Publication, The University of Chicago Press, 5801 Ellis Avenue, Chicago, Illinois. Frequency: 4, Annual Subscription: $25.00

CHILDHOOD EDUCATION, Association for Childhood Education International, 3615 Wisconsin Avenue, N.W., Washington, D.C. 20016. Frequency: 8, Annual Subscription: $12.00

CHILDREN TODAY (formerly *CHILDREN*), Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Frequency: 6, Annual Subscription: $2.00

CHILDREN'S HOUSE, P.O. Box 111, Caldwell, New Jersey, 07006. Frequency: 6, Annual Subscription: $4.00

CURRENT INDEX TO JOURNALS IN EDUCATION, CCM Information Corporation, 866 Third Avenue, New York, New York 10022. Frequency: 12, Annual Subscription: $39.00

EARLY YEARS, Allen Raymond, Inc., 1 Hale Lane, Darien, Connecticut 06820. Frequency: 9, Annual Subscription: $7.00

EDUCATIONAL MEDIA, 1015 Florence Street, Fort Worth, Texas 76102. Frequency: 9, Annual Subscription: $5.00

EDUCATIONAL PRODUCT REPORT (EPIE), Manager, Membership Subscriptions, EPIE Institute, 386 Park Avenue South, New York, New York 10016. Frequency: 9, Annual Subscription: $50.00

GRADE TEACHER, Grade Teacher Subscription Services, 7250 Westfield Avenue, Pennsauken, New Jersey 08110. Frequency: 9, Annual Subscription: $8.00

ILLINOIS EDUCATION, 100 East Edwards Street, Springfield, Illinois 62704. Frequency: 4, Annual Subscription: $2.00

INSTRUCTOR, P.O. Box 6099, Duluth, Minnesota 55806. Frequency: 10, Annual Subscription: $8.00

THE JOURNAL OF SPECIAL EDUCATION, Subscription Department, 3360 Byberry Road, Philadelphia, Pennsylvania 19154. Frequency: 4, Annual Subscription: $12.00

LEARNING TODAY, Box 956, Norman, Oklahoma 73069. Frequency: 4, Annual Subscription: $10.00

THE POINTER, P.O. Box 131, Syracuse, New York 13210. Frequency: 3, Annual Subscription: $4.50

REHABILITATION LITERATURE, National Easter Seal Society for Crippled Children and Adults, 2023 W. Ogden Avenue, Chicago, Illinois. Frequency: 12, Annual Subscription: $6.00

RESEARCH IN EDUCATION, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Frequency: 12, Annual Subscription: $21.00

SPECIAL EDUCATION, Association for Special Education and the Spastics Society, 12 Park Crescent, London, W. 1, England. Frequency: 4, Annual Subscription: $6.00

TODAY'S HEALTH, 535 North Dearborn Street, Chicago, Illinois 60610. Frequency: 12, Annual Subscription: $5.00

YOUNG CHILDREN, National Association for Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, D.C. 20009. Frequency: 6, Annual Subscription: $10.00

BEHAVIOR

AMERICAN JOURNAL OF MENTAL DEFICIENCY, 49 Sheridan Avenue, Albany, New York 12210. Frequency: 6, Annual Subscription: $18.00

BEHAVIOR THERAPY, Academic Press, Inc., 111 Fifth Avenue, New York, New York 10003. Frequency: 4, Annual Subscription: $9.00

PSYCHOLOGY TODAY, P.O. Box 2290, Boulder, Colorado 80302. Frequency: 12, Annual Subscription: $12.00

DEAF

AMERICAN ANNALS OF THE DEAF, Executive Manager, Conference of Executives, American Schools for the Deaf, 5034 Wisconsin Avenue, N.W., Washington, D.C. 20016. Frequency: 5, Annual Subscription: $12.00

JOURNAL OF REHABILITATION OF THE DEAF, Albert T. Pimentel, 7427 Leahy Road, New Carrollton, Maryland 20784. Frequency: 4, Annual Subscription: $8.00

THE VOLTA REVIEW, Subscriptions Department, THE VOLTA REVIEW, 3417 Volta Place, N.W., Washington, D.C. 20007. Frequency: 9, Annual Subscription: $12.50

EARLY CHILDHOOD/PRE-SCHOOL

CHILD DEVELOPMENT, Publications Office, Child Development Publications, The University of Chicago Press, 5801 Ellis Avenue, Chicago, Illinois. Frequency: 4, Annual Subscription: $25.00

CHILDHOOD EDUCATION, Association for Childhood Education International, 3615 Wisconsin Avenue, N.W., Washington, D.C. 20016. Frequency: 8, Annual Subscription: $12.00

CHILDREN TODAY (formerly CHILDREN), Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Frequency: 6, Annual Subscription: $2.00

CHILDREN'S HOUSE, P.O. Box 111, Caldwell, New Jersey 07006. Frequency: 6, Annual Subscription: $4.00

EARLY YEARS, Allen Raymond, Inc., 1 Hale Lane, Darien, Connecticut 06820. Frequency: 9, Annual Subscription: $7.00

GRADE TEACHER, Grade Teacher Subscription Service, 7250 Westfield Avenue, Pennsauken, New Jersey 08110. Frequency: 9, Annual Subscription: $8.00

YOUNG CHILDREN, National Association for Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, D.C. 20009. Frequency: 6, Annual Subscription: $10.00

EMOTIONALLY HANDICAPPED

EMOTIONALLY HANDICAPPED CHILDREN BULLETIN, Dr. Frances G. Koenig, Special Education Department, Southern Connecticut State College, 501 Crescent Street, New Haven, Connecticut 06515. Frequency: 2, Annual Subscription: Free

EXCEPTIONAL CHILD

EXCEPTIONAL CHILD EDUCATION ABSTRACTS, Council on Exceptional Children, Jefferson Plaza, Suite 900, 1411 South Jefferson Davis Highway, Arlington, Virginia 22202. Frequency: 4, Annual Subscription: $50.00

EXCEPTIONAL CHILDREN, Council on Exceptional Children, 1411 South Jefferson Davis Highway, Suite 900, Arlington, Virginia 22202. Frequency: 9, Annual Subscription: $10.00

TEACHING EXCEPTIONAL CHILDREN, Council on Exceptional Children, 1411 South Jefferson Davis Highway, Suite 900, Arlington, Virginia 22202. Frequency: 4, Annual Subscription: $5.00

LEARNING DISABILITIES

ACADEMIC THERAPY, Subscription Office, 1539 Fourth Street, San Rafael, California 94901. Frequency: 4, Annual Subscription: $5.00

JOURNAL OF LEARNING DISABILITIES, Executive Office, The Professional Press, Inc., Publishers, Room 1410, Five North Wabash Avenue, Chicago, Illinois 60602. Frequency: 10, Annual Subscription: $10.00

SLOW LEARNING CHILD, Fred & Eleanor Schonell Educational Research Center, University of Queensland Press, St. Lucia, Brisbane, Queensland, Australia 4067. Frequency: 3, Annual Subscription: $3.85

MENTAL RETARDATION

AMERICAN JOURNAL OF MENTAL DEFICIENCY, 49 Sheridan Avenue, Albany, New York 12210. Frequency: 6, Annual Subscription: $18.00

EDUCATION AND TRAINING OF THE MENTALLY RETARDED, Council for Exceptional Children, 1499 Jefferson Davis Highway, Arlington, Virginia 22202. Frequency: 4, Annual Subscription: $5.00 (members); $2.00 (full-time students)

MENTAL RETARDATION, American Association on Mental Deficiency, Publication Sales Office, 49 Sheridan, Avenue, Albany, New York 12210. Frequency: 6, Annual Subscription: $7.00

MENTAL RETARDATION ABSTRACTS, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Frequency: 4, Annual Subscription: $4.50

TRAINING SCHOOL BULLETIN, Public Relations Department, American Institute for Mental Studies, Vineland, New Jersey 08360. Frequency: 4, Annual Subscription: $4.00

MINORITY EDUCATION

INEQUALITY IN EDUCATION, Center for Law and Education, Harvard University, 38 Kirkland Street, Cambridge, Massachusetts 02138. Frequency: 4, Annual Subscription: Free; $6.00 (libraries)

PARENT EDUCATION

THE EXCEPTIONAL PARENT, P.O. Box 101, Back Bay Annex, Boston, Massachusetts 02117. Frequency: 6, Annual Subscription: $12.00

PSYCHOLOGY

PSYCHOLOGY TODAY, P.O. Box 2990, Boulder, Colorado 80302. Frequency: 12, Annual Subscription: $12.00

READING DISABILITIES

ACADEMIC THERAPY, Subscription Office, 1539 Fourth Street, San Rafael, California 94901. Frequency: 4, Annual Subscription: $5.00

SLOW LEARNING

SLOW LEARNING CHILD, Fred & Eleanor Schonell Educational Research Center, University of Queensland Press, St. Lucia, Brisbane, Queensland, Australia 4067. Frequency: 3, Annual Subscription: $3.85

SOCIAL SCIENCE

TRANSACTION, Box A, Rutgers — The State University, New Brunswick, New Jersey 08903. Frequency: 10, Annual Subscription: $9.75

SPEECH AND HEARING DISORDERS

ASHA (A JOURNAL OF THE AMERICAN SPEECH & HEARING ASSOCIATION), The Interstate Printers & Publishers, Inc., Danville, Illinois. Frequency: 12, Annual Subscription: $23.00

JOURNAL OF SPEECH AND HEARING DISORDERS, Kenneth O. Johnson, Business Manager, JOURNAL OF SPEECH AND HEARING DISORDERS, American Speech & Hearing Disorders, 9030 Old Georgetown Road, Washington, D.C. 20014. Frequency: 4, Annual Subscription: $23.00

JOURNAL OF SPEECH AND HEARING RESEARCH, Kenneth O. Johnson, Business Manager, JOURNAL OF SPEECH AND HEARING RESEARCH, American Speech & Hearing Association, 1001 Connecticut Avenue, N.W., Washington, D.C. Frequency: 4, Annual Subscription: $23.00

Books & Pamphlets Available from the Instructional Materials Center

The following listing of books and pamphlets pertaining to early childhood are available from the Instructional Materials Center, Department for Exceptional Children, 1020 South Spring Street, Springfield, Illinois. They should be of value and interest to teacher, parent and others working with the young child.

The list is not complete, as new publications are continually being added to the depository.

Administration of the Visual Efficiency Scale
Carlson, Nancy: McKellar, Nancy
MSUINCHC

Aggressive Child: Children Who Hate: Controls From Within
Redl, Fritz: Wineman, David
MACMILLAN

Annotated Bibliography On Early Childhood
U. of MICH.

Annual Progress In Child Psychiatry and Child Development
Chess, Stella: Thomas, Alexander
BRUNNER/MAZEL

Aphasic Child: A Neurological Basis for His Education and Rehabilitation
Roberts, Alice Calvert
Thomas

Aphasic Children: Identification and Education By the Association Method
McGinnis, Mildred A.
Alex Bell

Art as Therapy With Children
Kramer, Edith
SCHOCKEN

Art Education Curriculum for the Mentally Handicapped
St. Francis/Assisi

Arts and Crafts for Young Children
Sherman, Harriet
Teachers Pub.

Attending & Responding
Haring, Norris G
Fearon

Attribute Games and Problems: Teacher's Guide
McGraw

Audio-Visual Media and the Disadvantaged Child
Mee, Ellen C.
Councils & Ed. Press

Auditory Visual Motor Skills K-1: Lesson Plans
Polish, Virginia
Mod. Curr. Press

Auditory Discrimination Beginning Sounds: Preschool & Kindergarten
Venditti, Frederick P.: Murray, Evelyn
Recbo

Auditory Discrimination: Rhyming Words
Milliken

Auditory Disorders in Children: A Manual for Differential Diagnosis
Myklebust, Helmer R.
Grune

Auditory Learning
Zigmond, Naomi K.: Cicci, Regina
Fearon

Auditory Training for Children: A Manual
Whitehurst, Mary W.
Alex Bell

Auditory Visual Motor Skills K-1
Polish, Virginia
Mod. Curr. Press

Autism: Symptom or Syndrome
Haugen, T.J.: MacDonald, R.L.
Media

Autistic Children: A guide for Parents and Professionals
Wing, Lorna
Brunner/Mazel

Basic Number Skills and Concepts
Instructional Fair

Beginning Clay Modeling: An Approach for Teaching Elementary School Children
Haupt, Charlotte
Fearon

Behavior in Infancy and Early Childhood: A Book of Readings
Brackbill, Yvonne: Thompson, George G.
Macmillan

Behavior: The Unspoken Language of Children
CSAA

Birth of Language: Case History of a Non-Verbal Child
Kastein, Shulamith: Trace, Barbara
Thomas

Blind Child Who Functions on Retarded Level
AFB

Blind Child Who Functions on Retarded Level: Selected Papers
AFB

Blind Child With Concomitant Disabilities
Wolf, James M.
AFB

Blind Child, Too, Can Go To Nursery School
Moor, Pauline M.
AFB

Body Image Program
HEW

Body-Image of Blind Children
Cratty, Bryant J.: Sams, Theressa A.
AFB

Briefing For Parents: Your Child and Discipline
Dreikurs, Rudolf: Soltz, Vicki
N.E.A.

British Infant School
I/D/E/A

Can I.T.A. Help the Deaf Child, His Parents and His Teacher
Pitman, Sir James
Alex Bell

Carryover Articulation Manual
Miller, Diane May: et al
Thomas

Challenge of Incompetence and Poverty: Papers on the Role of
Early Education
Hunt, J. McVicker
U. of Ill.

Characteristics of Early Childhood Teacher Education: An Analysis
Howard. A. Eugene
ACEI

Child
Kessen, William
Wiley

Child Under Six
Hymes, James L.
Prentice

Child Who Never Grew
Buck, Pearl S.
Day

Child's Small World
Bradley, Helen: Gahagan Jayne
Cook

Child's Small World and the Preschool Program That Will Make It Larger
Bradley, Helen: Gahagan, Jayne
Cook

Childhood Aphasia and Brain Damage: Volume III Habilitation
Rappaport, Sheloon R.
Pathway School

Children Going To The Hospital
Geist, Harold: Manson, Morse P.
Western Psych. SER.

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Dittmann, Laura
HEW

Children of Resurrection City
Afield, Walter E.: Gibson, Audrey B.
Assn. of Childhood

Cleft Palate Deformation
Longacre, J.J.
Thomas

Clinical Teaching: Methods of Instruction for the Retarded
Smith
McGraw

Clown Family Speech Book
Pollock, Morris: Pollock, Miriam
Thomas

Community Helper Program In The Schools: A Handbook for Volunteers
Smith, Donald C.: Stoffer, Dean L.
Ohio State

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Smith, Donald C.: Stoffer, Dean L.
Ohio State

Concept Development For Visually Handicapped Children:
Gul Lydon, William T.: McGraw, M. Loretta
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Long, Nicholas J.: et al
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Griffits, Ciwa
Alex Bell

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Auerbach, Aline B.: Roche, Sandra
Wiley

Creating With Materials For Work And Play
Quill, Jeanne W.: Rasmusser, Margaret
Assn. of Childhood

Creative Movement For the Developing Child: A Nursery School Handbook
Cherry, Clare
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B. Hollander: Cornelia, H.
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Riessman, Frank
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Curriculum Guide For Slow Learners
Stark Co. Dept. of E

Curriculum Guide For Teachers Of Handicapped Preschoolers
Calhorn, Betty: et al
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N. Carolina D. P. I.

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Carmichael, Viola S.
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Curriculum In Arithmetic For the Educable Mentally Retarded
Maine Dept. Ed.

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Ideas

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Kirk, Samuel A.
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Steiner, Violette G.: Pond, Roberta Evat Merrill
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Fletcher, Helen Jill
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Wedemeyer, Avaril: Cejka, Joyce
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Freagon, Sharon
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